

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN30474218011

Claim No : SNM19D202429/C02/TKL

Claimant : SMRT TAXIS PTE LTD

Amount : S\$17,980.00

SINGAPORE DOLLARS SEVENTEEN THOUSAND NINE HUNDRED EIGHTY ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHF 362D

Insured Vehicle No. : SLP 5542T

Date of Loss : 27/05/2019

Place of Accident : JUNCTION OF BAYFRONT AVENUE AND MARINA BOULEVARD

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : LIM CHOO LEONG (LIN ZHULONG)

Driver Name : LIM CHOO LEONG (LIN ZHULONG)

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) Global Sum (all in)

S\$ 17,980.00

TOTAL S\$ 17,980.00



Claimant Name : _____

NRIC No : _____

8XXXX706F

Signature : _____

Date : _____

11 FEB 2020

*** This Discharge Voucher applies only to the claimant's claim or his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date. Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.

AUTHORIZATION TO ACT

I, **SMRT TAXIS PTE LTD** (the third party claimant") of **60 WOODLANDS INDUSTRIAL PARK E4 (S)757705** (address), owner of **SHF 362D** (vehicle no.) hereby authorize **SMRT AUTOMOTIVE SERVICES PTE LTD** ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no **SHF 362D** that was damaged pursuant to the accident which occurred on **27/05/2019** (date) along **JUNCTION OF BAYFRONT AVENUE AND MARINA BOULEVARD** (location) involving vehicle no/s **SLP 5542T** ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of **SMRT TAXIS PTE LTD**.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 11 (day) of Feb (month) 2020 (year)



Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)