

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1828681800

Claim No : SNM19D202516C02/9

Claimant : SMRT TAXIS PTE LTD

Amount : S\$3,979.74

DOLLARS THREE THOUSAND NINE HUNDRED SEVENTY NINE AND CENTS
SEVENTY FOUR 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. : SHB 1997L

Insured Vehicle No. : GBH 7359D

Date of Loss : 31/05/2019

Place of Accident : QUEENSWAY (NEAR QUEENS TOWN SHOPPING CENTRE)

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 : RIDGEWOOD GOURMET

Driver Name : CASSIDY GOH KHING SONG

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) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	3,050.00
(3) Loss of Use /Rental/Earning	S\$	922.74
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL		S\$ 3,979.74

Claimant Name : _____

NRIC No : SXXXX 706 F

Signature : _____

Date : 30 OCT 2019

*** 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 **BLK 60 WOODLANDS INDUSTRIAL PARK E4 (S) 757705** (address), owner of **SHB 1997L** (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 **SHB 1997L** that was damaged pursuant to the accident which occurred on **31/05/2019** (date) along **QUEENSWAY (NEAR QUEENS TOWN SHOPPING CENTRE)** (location) involving vehicle no/s **GBH 7359D** ("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 30 (day) of Oct (month) 2019 (year)



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



Signed by "the workshop"
(with chop)



SMRT AUTOMOTIVE SERVICES PTE LTD
60 Woodlands Industrial Park E4
Singapore 757705
Tel : 65 6866 2647
Fax : 65 6368 7421
www.smrt.com.sg

China Taiping Insurance (S) Pte Ltd
c/o LKK Auto Consultants Pte Ltd
No. 51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Date: 16 July 2019

Our Ref.: TAX/05/19/2147/LG

Dear Sirs,

**ACCIDENT ON 31/5/2019 INVOLVING SHB 1997L & GBH 7359D ALONG
QUEENSWAY RD NEAR QUEENSTOWN SHOPPING CENTRE**

LETTER OF CLAIM

We claim on behalf of SMRT Taxis Pte Ltd, the owner and the hirer of taxi no.: SHB 1997L. Your insured's negligent driving has caused the above accident. As a result, our clients have suffered the following losses:-

1. Cost of Repair	:	\$3050.00
2. Loss of Rental for 10.5 days @ S\$103.79/day	:	\$1089.80
3. Loss of Income for 10.5 days @ S\$60.00/day	:	\$ 630.00
4. Police Report/ SAS Report/ LTA Search Fee	:	\$ 7.00
5. Survey Fee	:	_____
Total Claims		\$4776.80

We enclose the following documents:

<input checked="" type="checkbox"/> Repair Invoice	<input checked="" type="checkbox"/> Letter of Authorisation
<input type="checkbox"/> Survey Report	<input checked="" type="checkbox"/> LTA Search result
<input type="checkbox"/> Photographs _____ pcs	<input checked="" type="checkbox"/> Others :
<input type="checkbox"/> Investigation results	1. <u>vehicle laid-up report</u>
<input checked="" type="checkbox"/> Proof of Loss of Use/Rental/Income	2. _____
<input checked="" type="checkbox"/> Police / SAS report of <u>SHB1997L</u>	3. _____

We look forward to your confirmation to settle our claims within 15 days from the date of this letter. Payment by cheque shall be crossed and made payable to **SMRT TAXIS PTE LTD**.

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD

Tan Lee Gek
For Manager, Claims
Claims Department
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Email: leegeek@smrt.com.sg