

4401309-032

To : Mei Kwan

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1327671300 Claim No : SNM13D02964C02
 Claimant : TRANS-CAB SERVICES PTE LTD
 Amount : **S\$1,960.00**
 Singapore Dollars ONE THOUSAND NINE HUNDRED SIXTY 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. : SHD 9235P
 Insured Vehicle No. : SGU 408P

Date of Loss : 03/09/2013
 Place of Accident : WOODLANDS CHECKPOINT VIADUCT

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 : ZALINA BINTE MAHBUD
 Driver Name : MOHAMAD IZWAN BIN MAHBUD

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 | S\$ 1,960.00 |
| | ===== |
| TOTAL | S\$ 1,960.00 |
| | ===== |

Claimant Name : _____ NRIC No : _____
 Signature :  Date : **07 AUG 2019**



Ng Wai Yin
 G2815702P