

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1820411800

Claim No :

Claimant : CITY CAB PTE LTD

Amount : S\$1,190.00

DOLLARS ONE THOUSAND ONE HUNDRED AND NINETY 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 8619Y

Insured Vehicle No. : GBH 5206A

Date of Loss : 12/06/2019

Place of Accident : SAMANG LINK (SLIP RD) TWDS PUNGGOL WALK

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 : FRESH HUB VENDING PTE LTD

Driver Name : CHUA YAO CONG

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\$ 1,190.00 |
| | ===== |
| TOTAL | S\$ 1,190.00 |
| | ===== |

Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :

 8-7-19
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508669

Date : _____

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"