

DISCHARGE VOUCHER

**Without Prejudice
Save As to Costs**

Your Reference : AAD1907-036
Our Reference : VC012737

I/We, TRANS-CAB SERVICES PTE LTD do hereby acknowledge the sum of Singapore Dollars: One Thousand Two Hundred Seventy Only (S\$1,270.00) being full discharge and satisfaction of all claims against QBE Insurance (Singapore) Pte Ltd and their Insured, 'SINGAPORE HAULAGE SERVICES PTE LTD', over damage to my/our vehicle SHD 5201M from an accident involving YP 9749J and SHD 5201M at/along BLOCK 728 ANG MO KIO AVENUE 6 CAR PARK, which occurred on 02 JULY 2019 at about 1640 hours.

Further, I/we hereby acknowledge and accept that the above said sum paid to me is 'strictly on a without admission of liability basis' and I/we hereby discharge and release the said QBE Insurance (Singapore) Pte Ltd and their Insured 'SINGAPORE HAULAGE SERVICES PTE LTD', from all claims, demands or action of damages as a result of the said accident.

Also, I/we hereby agree to indemnify and keep indemnified the said QBE Insurance (Singapore) Pte Ltd against all and any claims whatsoever made or to be made by any person or persons on my/our behalf in respect of the said accident.

Dated this (day) 26 of (month) Feb (year) 2020.

for
Signature

Amanda Tay
Claimant's Name
59335511C

FIN/NRIC No.

TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764

Address



Company stamp if applicable

[Signature]
Witness's Signature

René Tan
Witness's Name

S1656909 G.
FIN/NRIC No.

TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764

Address

Please return to:
General Claims Department
QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583
Fax: 6533 3270