

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1831961800

Claim No : SNM19D203375

Claimant : CITY CAB PTE LTD

Amount : S\$2,950.00

DOLLARS TWO THOUSAND NINE HUNDRED AND FIFTY 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. : SHA 834K

Insured Vehicle No. : GBH 3705P

Date of Loss : 16/07/2019

Place of Accident : TAMPINES AVE 2 TWDS BEDOK RESERVOIR RD.

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 : VAN-GO PTE LTD

Driver Name : MOHAMAD ZAIDI BIN OSMAN

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\$ 2,950.00
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TOTAL	S\$ 2,950.00
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Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature : _____

Date : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

"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"

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