

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3023291900

Claim No : SNM19D203799

Claimant : CITY CAB PTE LTD

Amount : S\$1,710.00

DOLLARS ONE THOUSAND SEVEN HUNDRED AND TEN 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 9369C

Insured Vehicle No. : SMJ 6852L

Date of Loss : 12/08/2019

Place of Accident : PIE (TPE) >> TAMPINES AVE 2

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 : LIN LIWEI, EUGENE

Driver Name : LIN LIWEI, EUGENE

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\$ 1,710.00
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TOTAL	S\$ 1,710.00
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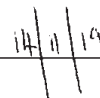
Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date :



"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