

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1837901800 Claim No : SNM19D204444C02/8 (chngpw)
 Claimant : TRANS-CAB SERVICES PTE LTD

Amount : S\$5,597.43
 SINGAPORE DOLLARS FIVE THOUSAND FIVE HUNDRED NINETY SEVEN
 AND CENTS FORTY THREE 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. : SHC 5452K
 Insured Vehicle No. : GBH 9918C

Date of Loss : 18/09/2019
 Place of Accident : ARAB STREET

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 : AL-REHMAT TRADING PTE LTD
 Driver Name : ABDOLRAZAGH VOJODI GHANVEHCHI

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) General Damages	S\$	
(2) Cost of Repair/Excess	S\$	4,708.00
(3) Loss of Use/Rental/Earning	S\$	881.94
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
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TOTAL	S\$	5,597.43
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Claimant Name : Amanda Tay  NRIC No : 54337511C

Signature : lay Date : 02/03/20