



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M
6 Benoi Place Singapore 629927
Tel: 6861 0908 Fax: 6515 2948

Date: 19.12.2019

Our ref: SHD2616U

LKK Auto Consultants Pte Ltd
Blk 51 Paya Ubi Industrial Park
#02-25 Ubi Ave 1
Singapore 408933

Attn: Ms. Khanchna
Motor Claims Dept

Dear Madam,

ACCIDENT ON 31.10.2019 INVOLVING VEHICLES SHD2616U & GBG2282D

The above referred.

We enclosed herewith our client signed discharge voucher for your payment processing. Please let us have your payment of \$2,406.10 make payable to Prime Auto Claims Service Pte Ltd soonest possible.

Hard copy of our LOD sent to your office on 13.11.2019

Please mail your cheque to our new office at No.6 Benoi Place Singapore 629927

Thank you.

Yours faithfully,

.....
Ms. Alice Leong
E-mail: aliceleong@primeautoclaims.com

Encl.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1818261901 Claim No : SM419D205169

Claimant : PRIME CAR RENTAL & TAXI SERVICES PTE LTD

Amount : S\$2,406.10
DOLLARS TWO THOUSAND FOUR HUNDRED SIX AND TEN CENTS 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. : SHD2616U
Insured Vehicle No. : GBG2282D

Date of Loss : 31/10/2019
Place of Accident : ECP TOWARDS EXIT ROCHOR

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 : HAT SIA SEAFOOD PTE. LTD
Driver Name : RAMANATHAN SRINIVASAN

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\$	2,086.50
(3) Loss of Use/Rental/Earning	S\$	317.60
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	2.00
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL	S\$	2,406.10

Claimant Name :

NRIC No :

Signature :

Date :



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