## MOTOR CLAIMS DISCHARGE VOUCHER

Policy No DMCVSNW00118822000 Claim No : SNM21D205054 Claimant : STRIDES TAXI PTE LTD Amount : \$\$ 1,061.95 DOLLARS ONE THOUSAND SIXTY ONE AND CENTS NINETY FIVE ONLY I/We agree to accept the above mentioned amount to be paid to me/us in full  $\ensuremath{\epsilon}$ final settlement of all claims, costs & disbursements for injuries  $\ / \ damages$ sustained by me/us through an accident involving Claimant Vehicle No.: SHC 4790R Insured Vehicle No. : GBJ 1009T Date of Loss : 02/09/2021 Place of Accident TAMPINES AVE TOWARDS TAMPINES HUB 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 MY CHOICE DESIGNS Insured Name Driver Name \* VEERBHANANI YOGESH TIRTHDAS 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 SS (2) Cost of Repair/Excess S\$ 600.00 (3) Loss of Use/Rental/Earning S\$ 454.95 (4) GIA/Police Reports/ Investigation Results/Search Fees S\$ 7.00 (5) Medical Reports/Expenses SŚ (6) Survey Fees/P.T. Fees S\$ (7) Cost including Disbursement S\$ -----s s s 1,061.95 ----Claimant Name: CKID

Signature

\*\*\* This Discharge Voucher applies only to the claimant's claim or his property damage and will not affect his personal injuries claim and/or uninsured losses claim in a later date.

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Further, the settlement terms herein should not be used as an evidence to prejudice to the claimant's personal injuries claim and/or other uninsured losses claim arising of the subject matter in this action.