

**DISCHARGE RECEIPT**

CLAIM REFERENCE : D24009457MFCT/CCPL/TPD 2  
ACCIDENT DATE : 25/10/2024  
ACCIDENT LOCATION : ROCHOR ROAD  
INSURED : CITYCAB PTE LTD  
INSURED DRIVER : ROHAIZAT BIN ABDUL RASIK  
INSURED VEHICLE : SHD8806Z  
INVOLVED PARTY : SLD8621S  
SETTLEMENT SUM : \$10,819.21

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,
2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT: GWENDOLINE TED HAW YN

Signature and Date :



1/4/2025

WITNESS : ADILAH FATIMAH

Signature and Date :

  
