

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref:

FY15/16/0004

Our Ref:

CC2/MIDA15006567/Fp

12 AUG 2015

HQ-Transport Command

Kranji Camp 3 151 Choa Chu Kang Way Singapore 688248

Attn : 1WO Vennu

Dear Sir,

ACCIDENT INVOLVING MID 20418 & SGD 6555Y ON 14/04/2015

We refer to the above matter.

We have concluded settlement with M/s Tommy Choo Mark Go & Partners acting for third party (DV enclosed).

We are processing TCA recovery from TP insurer and will close our file upon completion of the recovery/settlement.

Our note of disbursement enclosed for your necessary action.

Yours faithfully

Chew Hsiao Tong

Claims Section DID: 6742 3197

Fax: 6741 4108

E-mail: chewht@lkkauto.com

DISCHARGE VOUCHER AND INDEMNITY

I/We, the undersigned LPM KOK WAI WILLIAM DO HEREBY AGREE to accept the offer by the Government of the Republic of Singapore (hereinafter referred to as the "Government") for the sum of SGD SIX THOUSAND THREE HUNDRED TWELVE ONLY (S\$6,312.00) in full and final settlement of all claims (Excluding Injury Claim) howsoever arising out of or in connection with the damages caused to my vehicle no. SGD 6555Y, in an accident involving Govt, vehicle no. MID 20418 on 14/04/2015.

I hereby authorize you to make payment in favour of <u>TOMMY CHOO MARK GO & PARTNERS.</u>

I agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I declare that I have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Injury Claim) which may arise out of the aforesaid accident.

I also declare that I am the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

Date: 1/8(15			
Signature of Claimant (with company stamp if applicable): Name of Claimant: S 7 8042 (8A) If the Claimant is a Company or Firm, Name and Designation			
		Of the person signing on beha	1 To
		the bearen or Print out there	ar or the company of Time.
Signature of Witness	June 1		
Signature of Witness:	ness: Und brown that		

CC2/MIDA15006567/Pp

SIGNED
WITHOUT PREJUDICE
TO ANY
PERSONAL INJURY CLAIM //
PROPERTY DAMAGED CLAIM

Hsiao Tong

To: Subject: Ling Leong Hui (Ihling@tcmg.com.sg)

Your Ref. LLH/ing/1296/0515/WLC *Our Ref. CC2/MIDA15006567/Fp [ACCIDENT

INVOLVING MID 20418 & SGD 6555Y ON 14/04/2015]

Your Ref: LLH/ing/1296/0515/WLC Qur Ref: CC2/MIDA15006567/Fp

WITHOUT PREJUDICE

Dear Sirs.

ACCIDENT INVOLVING MID 20418 & SGD 6555Y ON 14/04/2015

We refer to the above matter.

Strictly without admission of liability and for quick and amicable settlement, our principal MINDEF is prepared to settle your client's claim as follows :-

1. Cost of Repair

\$ 5,300.00

2. Loss of Use(7days x \$60)

\$ 420.00 \$ 5,720.00

@80%

3. Survey Report Fees

\$ 5,148.00 614.00

4. Cost & Disbursement

\$ 550.00

Total \$ 6,312,00

Please revert.

Best Regards.

Hsino Tong Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933) Dear 1WO Venny (FY15/16/0004)

- The accident occurred when SAF driver changed lane and collided with civilian vehicle. As such, SAF is liable for the accident.
- We have adjusted claim amount as above:
- For your approval please.

Best Regards, Chew Hsiao Tong LKK Auto Consultants Pte Ltd 20 July 2015