A FAIRFAX Company

DISCHARGE RECEIPT

CLAIM REFERENCE

D15010391MFSH/1

ACCIDENT DATE

14-09-2015

ACCIDENT LOCATION

PIE TWOS AIRPORT B4 LORNIE RD EXIT

INSURED

COMFORT TRANSPORTATION PTE LTD

INSURED DRIVER

QWEK CHU KUE

INSURED VEHICLE

SH7066Y

INVOLVED PARTY

MID33339

SETTLEMENT SUM

\$ 2,909.24

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:

- is paid without admission of liability on the part of 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,
- is accepted by me/us to the Intent that the said 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 First Capital Insurance Limited and /or its INSURED DRIVER and it shall not be used as evidence in any claims of actions which may be made against them or any of them.

CLAIMANT: PS DEFENCE

Signature and Date:

CPT KOH MERLIN HD TA INVESN AND EDU SECT

S7426961C

HQ TRANSPORT

WITNESS:

S1510466Z 1WO VENNU S/O T SUPPIAN

TA INVESTIGATION WO

Signature and Date:

AFPN 1616 151 Choa Chu Kang Way HQ Transport Kranji Camp III Singapore 688248

Main Office: 6 Raffles Quay #21-00 Singapore 048580 Tel: 65-6222 2811 Fex: 66-6222 3547 Website; www.first-insurance.com.sg Claims Departments & Notice Underwriting Department: 38 Robinson Road #16-01 City House Singapore 068677 Tel: 66-6507 3848 Fax: 65-6507 3848