

**LONPAC INSURANCE BHD**

CLAIM NO : 17/18/18/VC05/020661
DATE : 25 JUNE 2019


DISCHARGE VOUCHER

I/We, DREAMZWORK WORK CREATION confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of SGJ 8781R the sum of Singapore Dollar Eight Thousand Two Hundred Only (\$8,200.00) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SGY 7368D and SGJ 8781R on 08 June 2018 along UPPER SERANGOON ROAD.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD AND/OR LIM CHUQIANG**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **K.KIM HIN AUTO PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.


.....
Signature of vehicle owner/Date 11/8/19


.....
Name of vehicle owner/Date

Letter of Authorization

To Whom It May Concern

Accident on 08 June 2018 involving SGY 7368 D AND SGJ 8781 R


Along UPPER SERANGOON ROAD

I/We DREAMZWORK WORK CREATION NRIC NO. 53323734C of
BLK 254 SERANGOON AVE 2 #03-107, SINGAPORE 550245

owner of Motor Vehicle Registration No. SGY 7368 D insured by
NTUC INCOME INSCG Co-OPERATIVE LTD under Policy No. 5090932581-01

do hereby authorize M/s K. KIM HIN AUTO PTE LTD as my/our
representative with full authority to write, negotiate and settle claim for damages on my/our
behalf against the owner and /or driver of Motor Vehicle Regn No. SGJ 8781 R
in regard to the above mentioned accident

I /We also consent to the agreed settlement sum be made in favour of my/our representative,
M/s K. KIM HIN AUTO PTE LTD and the said
payment be forwarded to them to be construed as full and final discharge of my/our claim.


Owner's Signature & Company Stamp

Date