

**DISCHARGE RECEIPT**

**CLAIM REFERENCE** : D18008066MFSH/1  
**ACCIDENT DATE** : 08-11-2018  
**ACCIDENT LOCATION** : UPP CROSS STREET (NEAR PARK CRES )  
**INSURED** : COMFORT TRANSPORTATION PTE LTD  
**INSURED DRIVER** : YIP KAM BOR  
**INSURED VEHICLE** : SHC8549X  
**INVOLVED PARTY** : SHC5377U  
**SETTLEMENT SUM** : \$ 610.10

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 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: TRANS-CAB SERVICES PTE LTD

Signature and Date:



22 MAY 2019

WITNESS: NG WAI YIN

Signature and Date: H.

23 MAY 2019