

RELEASEClaim No: **8401230665SG**Policy No: **1700030647**

I/We, **SHC 5903B – TRANS-CAB SERVICES PTE LTD**, hereby agree to accept the sum of (**SINGAPORE DOLLARS ONE THOUSAND NINE HUNDRED AND FORTY ONLY**) (**\$1,940.00**) to be paid to (**TRANS-CAB SERVICES PTE LTD**) in full and final settlement of all claims, costs and disbursement arising from personal injury or loss of or damage to property sustained by me/us as a result of an accident involving **SDD 8787S** and **SHC 5903B** on the **19TH DAY OF DECEMBER 2018** along **BAYSHORE ROAD** and I/we agree that the said sum is paid with a denial of liability on the part of **AIG Asia Pacific Insurance Pte. Ltd.** being the insurer, insured and the driver of vehicle **No SDD 8787S** respectively, (or any other person or persons) in respect of said loss and for damage whether now or hereafter to become manifest, and is accepted by me/us to the intent that the said **AIG Asia Pacific Insurance Pte. Ltd.** and all other persons be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which I/we now or hereafter may have arising out of or connected with or traceable to the said accident. I/We further state that the foregoing release has been carefully read by me/us or has been read to me/us and I/we know the contents thereof and have signed the same as my/our own free and voluntary act and have not been influenced in making this settlement by any representation of the party or parties released. I/We also declare that I am/we are the person/persons entitled to receive the above compensation and hereby undertake to indemnify **AIG Asia Pacific Insurance Pte. Ltd.** against any claim made or which may be made in respect of this compensation.

"This Release does not bind the insured and insured driver of AIG Asia Pacific Insurance Pte. Ltd. and is not to be construed as an admission of liability on their part and shall not be used as evidence in any claims, actions which may be lodged by them."

Dated this _____ day of _____

WITNESS

Signature: _____

Name : NG WAI YINAddress : TRANS-CAB AUTO SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764**CLAIMANT**

Signature: _____

Name : **SHC 5903B – TRANS- CAB SERVICES PTE LTD**Address : TRANS-CAB AUTO SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63
Singapore 569111
Tel: 6287 6666 Fax: 6287 7764NRIC No: S74056361