

MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sq

DISCHARGE RECEIPT

Without Prejudice to our driver's Injury claim

CLAIM REFERENCE

D20001024MFSH/1

ACCIDENT DATE

13/02/2020

ACCIDENT LOCATION

MANDAI ZOO TAXI STAND

INSURED

COMFORT TRANSPORTATION PTE LTD

INSURED DRIVER

INSURED VEHICLE

SHC 1400L

KWOK WA! LOK

INVOLVED PARTY

SHA 8942D

SETTLEMENT SUM

\$990.00

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 and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : CITYCAB PTE LTD

Signature and Date:

WITNESS :

Signature and Date:

DING AUTOMOTIVE PTE LTD

Business Reg. No : 201619222G BLK 10, #01-20 SIN MING IND EST. SEC C, SINGAPORE 575645 Tel: 6452 1208 Fax: 6452 0614

TAX INVOICE

MS FIRST CAPITAL INSURANCE LIMITED

INVOICE DATE

06-04-2020

GST REG NO

TERMS PO NO

OUR REF

TEL : 6841 2928 FAX:		PAGE		1 of 1
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1.	Cost of repair-SHA8942D	1	612.54	612.54
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EMARKS:		SUB TOTAL		612.5
Job card: 50112455 Your ref: CC4/FCI20002948/Eha3 Oic: Mr. Jasper Doa: 13/02/2020		GST		42.8
		TOTAL SGD DEPOSIT		655.4

Customer Signature

O/S BALANCE

have inspected and hereby confirmed that the job done and the amount due herein