CC4/FC120010726/Aes3q2 Asher 5J4 52362

LKK ATTN: Asher Sng

Kaki Bukit Autohub @ 2 Kaki Bukit Ave. 2 #01-18 / 17 Singapore 417921 Tel: 6842 0051 / 6744 0510 Fax: 6741 0510 Web: www.n51.com.sg Co. Reg. No.: 200616038C



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.sg

(c4/FC120010726/ARS392

Asher

DISCHARGE RECEIPT

CLAIM REFERENCE

D20004041MFSH

ACCIDENT DATE

06/10/2020

ACCIDENT LOCATION

TPE TWDS CTE BEFORE JLN KAYU EXIT

INSURED

COMFORT TRANSPORTATION PTE LTD

INSURED DRIVER

ONG WEE TIONG (WANG WEIZHONG)

INSURED VEHICLE

SHA 3260X

INVOLVED PARTY

SJG 5236Z

SETTLEMENT SUM

\$15,877.45

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 : LOH SWEE HUAT

Signature and Date

WITNESS : TWINGAR AUTOMOTIVE PIE LID

Signature and Date:

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.