

Your Ref: MID 21312

Our Ref: IP 202104512RCPC

8 April 2022

LKK Auto Consultants Pte Ltd
Blk 51 Paya Ubi Industrial Park
Ubi Avenue 1 #02-25
Singapore 408933

Attn: Chew Hsiao Tong



SBS Transit Ltd
205 Braddell Road Singapore 579701

Mainline +65 6284 8866
Facsimile +65 6287 0311

www.sbstransit.com.sg

Company Registration No: 199206653M

Claims Control Tel: 6383 7953
Fax: 6383 7626

Dear Sirs

ACCIDENT INVOLVING SG 6176A & MID 21312 ON 17.11.2021

We refer to your email of 8 Apr 2022.

We confirm acceptance of your offer at a global sum of **\$1,850.00/-** all-in.

The duly signed and witnessed Discharge Voucher is enclosed. Please let us have your settlement cheque in favour of **SBS TRANSIT LTD** within the next 14 days.

Thank you.

Yours faithfully,

Lee Hwee Huang
Claims Admin Officer
Claims Department

Enc. DV

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Please direct all correspondence to the Claims Department at 205 Braddell Road 1st Level East Wing, Singapore 579701, facsimile number 6383 7626.

DISCHARGE VOUCHER AND INDEMNITY

Claimant Ref: IP 2021/04512/RC/pc

IOD No: CY 20/21/0048

I / We, the undersigned **SBS TRANSIT LTD** DO HEREBY AGREE to accept the offer by the Government of the Republic of Singapore (hereinafter referred to as the "Government") for the sum of **SGD ONE THOUSAND EIGHT HUNDRED FIFTY ONLY (S\$1,850.00)** in full and final settlement of all claims (Excluding Injury Claim) howsoever arising out of or in connection with the damages caused to my/our vehicle no. **SG 6176A**, in an accident involving Govt, vehicle no. **MID 21312** on **17/11/2021** at/ along **LOYANG AVE.**

I/ We hereby authorize you to make payment in favour of SBS TRANSIT LTD.

I/ We agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I/We declare that I/We have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Injury Claim) which may arise out of the aforesaid accident.

I/We also declare that I am/We are the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

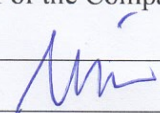
Date: 8/4/2022

Signature of Claimant (with company stamp if applicable):

Name of Claimant: _____

If the Claimant is a Company or Firm, Name and Designation

Of the person signing on behalf of the Company or Firm.

Signature of Witness: 

Name and Designation of Witness: _____

LEE HWEE HUANG
Claims Admin Officer
Claims Department



NIRZAHAN DAUD
Claims Officer
Claims Department

"The settlement and discharge shall be
in respect of SBS Transit Ltd's claim
for the damage to this bus only"