

DISCHARGE VOUCHER

**SBS TRANSIT LTD
AND/OR COMFORTDELGRO CORPORATION LIMITED**

IP No: _____

I/We _____ NRIC No/s: _____
of _____
hereby agree to accept the sum of \$ _____ (Dollars _____

_____ to be paid to me/us in full and final settlement of all damages, expenses, costs and
disbursement sustained by me/us as a result of an accident involving _____ and
_____ on _____ at _____.

I/We acknowledge that this payment is made without any admission of liability on the part
of SBS TRANSIT LTD and/or COMFORTDELGRO CORPORATION LIMITED or their
servants or agents.

In consideration of the payment made to me/us of the abovementioned sum by SBS
TRANSIT LTD and/or COMFORTDELGRO CORPORATION LIMITED, I/we declare that
I/we have no further claim whatsoever against SBS TRANSIT LTD and/or
COMFORTDELGRO CORPORATION LIMITED or their servants or agents or the owners
of the said bus in respect of the abovementioned accident and hereby give them full and
final discharge from the same. I/We also declare that I am/we are the person/ persons
entitled to receive the above sum.

*Applicable if
claimant does
not read
English:*

The above was translated and explained to me in _____
(language) by _____ (witness).

**I/We understand the significance of this discharge voucher and sign as
follows:**

Claimant's Signature: ✓ _____ Date: ✓ _____

This Discharge Voucher must be signed in the presence of a witness.

Witness' Signature: ✓ _____ Witness' Full Name: ✓ _____

Witness' Address: ✓ _____