

DISCHARGE VOUCHER

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

IP No: _____

I/We _____ NRIC No. _____ parent/ next friend of
_____ an infant ('the said infant') hereby agree to accept the sum of

\$ _____ (Dollars _____)

on behalf of the said infant in full and final settlement of all damages, expenses, costs and disbursement

sustained by the said infant as a result of an accident involving _____ and _____

on/ about _____ at/along _____

and I/we agree that the said sum is paid on a without prejudice basis on the part of SBS Transit Ltd in respect of the loss and damage whether suffered now or hereafter and is accepted by me/us on behalf of the said infant to the intent that SBS Transit Ltd be absolutely and finally exonerated and discharged from all claims arising out of or connected with the said accident.

I/We further state that the above has been carefully read by me/us or has been read to me/us and I/we understand the contents hereof and have not been influenced in making this settlement by any representative of SBS Transit Ltd. I/We also declare that I/we am/are the person/s entitled to receive the above sum.

I/We further agree that in this document, SBS Transit Ltd shall include (if appropriate) the servants and/or agents of SBS Transit Ltd.

I concur to the above.

<i>Applicable if claimant does not read English:</i>	The above was translated and explained to me in _____ (language) by _____ (witness).
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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: ✓ _____