

Claim No. ....

**SATISFACTION CUM DISCHARGE VOUCHER**

To:

I/We hereby declare that the repairs to my/our motor vehicle  
Registration no. SGB 1717 R have been completed to  
my/our satisfaction and I/We agree that the payment of the sum of  
\$ 4063.2 to the repairer for such repairs shall be in full  
discharge of my/our claim under Policy No. VA1/GA082095  
in respect of the damage caused to my/our said motor vehicle in the  
accident which occurred on 04-07-2017

Date: ..... Signature of Insured 

I/C No. S 1587281 J