


## SATISFACTION CUM DISCHARGE VOUCHER

Attn To : The Claims Manager  
Motor Claims Department

Claim / Work Order No : SKS 5780 T

I hereby declare that the repairs to my motor vehicle registration no **SKS 5780 T** have  
Been completed to my satisfaction and I agree the repair bill directly pay to **Sin Wee**  
**Chuan Spray Painting & service**. For such repairs shall be full discharge of my claim  
under Policy No : **GA 190087** In respect of the damage caused to my said Vehicle in  
the accident, which occurred on **01-03-2018**.

Insured's Signature : -----

Nric Number : S1754971E-----

Date : 20-3-2018-----