

To: Mcwell Ventures Pte Ltd
(Workshop's name)

SATISFACTION VOUCHER/
NO. OF DAYS OF LOSS OF USE/RENTAL
(To be filled upon collection of vehicle)

Re: Accident on involving SDV 2271 H

1) I/We confirm that my/our vehicle was repaired by you to my/our **full satisfaction**.

2) I/we have collected my/our vehicle on 17/05/18.

3) I/We confirm that my/our vehicle was with you for repairs for _____ days
from 27/04/18 to 17/05/18.

4) During the period that my/our car was with you for repairs:-

☐ A rental car **was** provided ☐ A rental car **was NOT** provided

(Please tick ✓ where applicable)

5) I/We wish to claim: (i) loss of use _____ days

(ii) loss of rental _____ days

Signature of
owner :

Name of owner :

Date :

Witnessed by :

(signature of the representative of the repairer)