SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)			
AUTOLUTION INDUSTRIAL PTE LTD (AIPL)			
TC AUTOCLINIC PTE LTD (TCAC)			
DATE:		TYPE OF CLAIM: OWN DAM	
OWNER NAME: NRIC NO.:	BAY AHKEE		AGE (OD) & UNINSURED LOSS & LOSS OF USAGE) VIA PL / TCAC
ADDRESS:	Buc 401 Junice	THIRD PAR	RTY THROUGH PL / TCAC
	H12-575 S640401	DIRECT CI THIRD PAR	RTY - OWNER LAIM AGAINST RTY INSURANCE EEN / GLASS (W/S)
VEHICLE MODEL:	47334 Q311032	INSURANCE CO.:	12 x C
REGN. NO.:	SC-Q 20037	CLAIM NO.:	
CHASSIS NO.:		POLICY NO.:	44146494
DATE OF ACCIDENT:	DATE RECEIVED:	DATE CO	MPLETED:
Pte Ltd / TC AutoClinic been completed to our in repect thereof. Terms	that the accident repair carried out the Pte Ltd and that all necessary repair my satisfaction and that We / I have and Conditions as stipulated in the o	s as resulted of the accider no futher claim whatsoever verleaf applies.	nt of the above vehicle have against the above Company
	very of my car after all necessary ro e Ltd / TC AutoClinic Pte Ltd on*	epair carried out by Tan C	hong Motor Sales Pte Ltd /
standard Industria	Own Damage Claim, your Insurance I Practice, increase the loading on yo unt] may also be affected, subject to b	ur premium during Insurance pusiness policy of respective	e Policy renewal. Your NCD Insurance Company.
FOOTNOTE:		(NAME / SIGNATURE (OF/INSURED)
TCMS / AIF OF OWNEI THROUGH	PL / TCAC* WILL CLAIM ON BEHALF R TCMS'S LEGAL AID ILL MAKE CLAIM AGAINST RTY INSURANCE COMPANY		PAID BY OWNER
OF OWNER	PL / TCAC* WILL CLAINM ON BEHAL R UNINSURED LOSS. (EXCESS	.F	

^{*} Delete When Necessary