

SATISFACTION VOUCHER

Name & Address of Insured : Swee Seng Credit Pte Ltd
c/o 21 Toh Guan Rd East, #03-01 Toh Guan Centre
(S) 608609
Name & Address of Repairers : Fook Heng Motor Service
No. 29, Sungei Kadut Street 4, Singapore 729054
Date & Place of Accident : 19-06-2018 at GAMBAS AVENUE
Policy No : WC4764P-OD-CLAIM- Claim No : SNM18D03065C01/4
Vehicle No : WC4764P Cost of Repairs : \$10,200 (After Exce
of \$1,500.00)

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of CHINA TAIPING INSURANCE (S) PTE LTD, settling the repair costs stated above with the said repairers I/We hereby release and discharge the said Insurers from all further obligations and liabilities under the aforesaid policy in respect of an accident involving my/our said motor vehicle on the above-mentioned date and place.

I/We agree that by virtue of such payment the said Insurers are subrogated to all my/our rights and remedies in respect of the damage to the said Motor Vehicle in accordance with the laws governing the Contract of Insurance.

I/We hereby grant the said Insurers the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts therefor. I/We further agree to furnish the said Insurers with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their part they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they may take in my/our name in the exercise of such rights and remedies.

REPAIRERS:-

福興修理囉哩汽車
FOOK HENG MOTOR SERVICE
No. 29, Sungei Kadut St. 4, Singapore 729054
Company's Chop & Signature

WITNESS:-

YEON H SIEW LEE
Name & Signature
my mail Box: 880134
Singapore 719191
Address
13-03-2019.
Date

INSURED:-


I.C. No & Signature/Company's Chop

WITNESS:-

Name & Signature

Address

Date

