



DISCHARGE VOUCHER

Claims No : OD / 585575

I hereby acknowledge having received from the under-mentioned repairers my vehicle no. SDV 700A Which has been repaired to my satisfaction and I admit

I admit that the payment for MSIG Insurance (Singapore) Pte Ltd is in full and final discharge of my claim under Policy no. B 80075483 SMP in respect of

caused to the said vehicle as a result of an accident which occurred on 18/2/19 at Adam Rd X Dunearn Rd

Dated this _____ Day of _____ 20 _____

Signature of the Witness : [Signature] [Stamp: KAN FOOK SING MOTOR WORKSHOP]

Signature of Claimant : [Signature] (Company's Stamp if applicable)

Name : Kan Fook Sing Motor Workshop
NRIC No :
Address : No-61 Defu Lane 12 Singapore 539147

Name : Choo Boon Peng
NRIC No : S1380884H
Address : 30 Northen View Spore 287153

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