

SATISFACTION VOUCHER

Name & Address of Insured: Pang Seng Jian, 9 Sin Ming Road #4-05 Singapore 575630

Name & Address of Repairers: Carfeels Pte Ltd, 160 Sin Ming Drive #05-18 Singapore 575722

Date & Place of Accident: 06/06/2019 Buangkok East Drive

Policy No: DMPCSN1760351801 Claim No: _____

Vehicle No: SGM3813A Cost of Repairs: \$30,495.00

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 (SINGAPORE) 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:-



Company's Chop & Signature

INSURED:-



Company's Chop & Signature

WITNESS:-



Chua wan ing melissa

Name & Signature

160, sin ming drive #05-18

Address

24 FEB 2020

Date

WITNESS:-



Chua wan ing melissa

Name & Signature

160 sin ming drive #05-18

Address

24 FEB 2020

Date