

SATISFACTION VOUCHER

Name & Address of Insured: LEE KIM WEB 6017 Jalan Loyang Besar
#03-10 S 509 K28.

Name & Address of Repairers: Guang Auto Service

Date & Place of Accident: 27/7/19 NS Highway at KM 179.6

Policy No: DMPCSN3001221900

Claim No: SNM19D203541C01

Vehicle No: SLV 6984m

Cost of Repairs: \$ 13,900/-

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.

REPAIRER



Company's Chop & Signature

[Handwritten signature]

WITNESS:-

Fong Kuvel Nam
Name & Signature

Address

9/9/19
Date

INSURED:-

Company's Chop & Signature

WITNESS:-

LEE KIM WEB
Name & Signature

Address

9/9/19
Date