

SATISFACTION VOUCHER

Name & Address of Insured:

LEE KIM WEB BK17 Jalan Loyang Besar
#03-10 S 509K28

Name & Address of Repairers:

Guan 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:

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

Fong

WITNESS:-

Fong Kuvel Nam

Name & Signature

Address

9/9/19

Date

INSURED:-

Lee Kim Web

Company's Chop & Signature

WITNESS:-

LEE KIM WEB

Name & Signature

Address

9/9/19

Date