

SATISFACTION VOUCHER

Name & Address of Insured: BRYAN RATNAM 09-93 MOULMEIN COURT 91 MOULMEIN ROAD
SINGAPORE 38078

Name & Address of Repairers: _____

Date & Place of Accident: _____

Policy No: _____ Claim No: _____

Vehicle No: QBR 8268Z 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

INSURED:-

X

Company's Chop & Signature

WITNESS:-

Name & Signature

Address

Date

WITNESS:-

Name & Signature

Address

Date