SATISFACTION VOUCHER

Name & Address of Insured:	Tan Geok Hong	36 Riverina View	lingapore 518385
Name & Address of Repairers:	Z-One Automotive	He Ita I Kaki	BUEIT AVE 6 #01-87 (3) 417883
Date & Place of Accident:	iejog poog along :	Junction of Upper	Thomson Acad & Mandai Road
Policy No: DMPCEN 150	1531904	Claim No:	
Vehicle No: SKE 2565S	And the Control of th	Cost of Repairs: \$	9818.90
I/We hereby declare that I/We have re and repaired to my/our entire satisfact settling the repair costs stated above further obligations and liabilities under above-mentioned date and place.	ction and in consideration of Continuous with the said repairers I/We	HINA TAIPING INSURANCE hereby release and discha	E (SINGAPORE) PTE. LTD., rge the said Insurers from all
I/We agree that by virtue of such payr damage to the said Motor Vehicle in a			
I/We hereby grant the said Insurers the of such rights and remedies including Insurers with any assistance that the their part they agree to indemnify a proceedings which they may take in many take in	othe right to give discharge a y may reasonably require of n ne/us against liability for cost	nd receipts therefor, I/We fund ne/us when exercising such s charges and expenses a	rther agree to furnish the said rights and remedies whilst on
REPAIRERS:- Reg. No. P Company's Chop & Signature	Sphil .	Company's Chop & Signa	ture
WITNESS:-		WITNESS:-	
YONG YOKE FONG) Name & Signature	\\	JORDAN T	AN Janks. & Signature
1 Kaki Bukit Avenue 6 # Address	888FIA (2) F8-10		1 Singapore 518385 ddress
02/10/2019 Date		02/10	2019 Date