

SATISFACTION NOTE

Claim reference number: MT/ 1091852-001

Policy no:

Date:

To: NTUC Income Insurance Co-operative Ltd

I/We hereby certify that the repairs to my/our vehicle bearing registration number SKW430R which was involved in an accident on 23/04/20 along carpark Lot at Blk 16 Caribbean @ Keppel Bay has been completed by MOVA AUTOMOTIVE PTE LTD to my/our satisfaction.

I/We agree that payment to the workshop for such repairs shall be in full satisfaction and discharge of all claims which I/we may have in respect of our mentioned vehicle and said policy number insured by NTUC Income Insurance Co-operative Ltd.

Signature:

Co.'s stamp (if required):

Policyholder's name: Wong Sim Kam Kathy

For Plus plan policyholder only:

I also confirm that I will be receiving \$ _____ from NTUC Income Co-Operative Ltd being the transport allowance of \$50.00 per day provided for under the policy.

Signature:

Co.'s stamp (if required):

Policyholder's name: