

SATISFACTION VOUCHER

Name & Address of Insured: TAN WEI SHENG WILSON

Name & Address of Repairers: Xin Yun Auto Pte Ltd

Date & Place of Accident: 29/07/2020

Policy No.: DMPCSNW00094252000 Claim No.: SNM20D202682/SMU243B/TAYHP

Vehicle No.: SMU243B Cost of Repair: \$16124.88

I/We hereby declare that I/We have received from the aforesaid repairer my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **CHINA TATPTNG INSURANCE (SINGAPORE) PTE. LTD.**, settling the repair costs stated above with the said repairs I/We hereby release and discharge the said insurers from all further obligations and liabilities under the aforesaid policy in aspect 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



WITNESS:-

Zhang Yi Xin
Name & Signature

BLK 8 #05-23 Premier @ Kaki Bukit Ave 4
Address

24/09/2020
Date

INSURED:-

Client / Company's Chop & Signature

WITNESS:-

TAN WEI SHENG, WILSON
Name & Signature

BLK211 SERANGOON AVE4 #06-343
Address

24/09/2020
Date