## SATISFACTION VOUCHER

Wai Yih Shyo	ng 487 YioChu tany Rd #01-01, 8787059 omobile service 160 = 03-09 sin ming pri
Name & Address of Insured	03-00 min on 20-80 + 031 1 mins on
Name & Address of Repairers	(25/83/2)
Date & Place of Accident :	THE SOOM IS SOUND IN COMMING BUILD WHON B
Policy No . DMPCS HA 001 2564 200 3	Claim No: 54m 200 204715 / Cor
Vehicle No: SkB 277/ D.	Cost of Repairs: 2779004
Vehicle in good running order and repaired to CHINA TAIPING INSURANCE (S) PTE LTD, s repairers I/We hereby release and discharge	om the aforesaid repairers my/our aforesaid Motor my/our entire satisfaction and in consideration of settling the repair costs stated above with the said the said Insurers from all further obligations and an accident involving my/our said motor vehicle on
I/We agree that by virtue of such payment the sale in respect of the damage to the said in the Contract of Insurance.	aid Insurers are subrogated to all my/our rights and Motor Vehicle in accordance with the laws governing
effectively exercise all or any of such rights and receipts therefor. I/We further agree to furnish reasonably require of me/us when exercising such	ity to use my/our name to the extent necessary to a remedies including the right to give discharge and the said Insurers with any assistance that they may ch rights and remedies whilst on their part they agree larges and expenses arising in connection with any ne in the exercise of such rights and remedies.
REPAIRERS: 人機强汽車服務	INSURED:-
KEE YONG AUTOMOBILE SERVICE	
#03-09, Singapore 575722	1)9/01
Tel: 6453 2605 Fax: 6453 3790	574046084 Whighslyer.
Company's Chop & Signature	I.C. No & Signature/Company's Chop
WITNESS:-	WITNESS:-
Dave to Sur	Browle
Name & Signature	Name & Signature
Address	Address
20/05/2021	1509/120106
20/03/2021	***************************************
Date	Date