Claim Number:							
Vehicle Number: YP	1089 H	Policy Number:1900254013					
Policyholder Name:_	YOKE MAH	PLAST	ERCEIL F	TE LTD			
Attention:	A16 MOTOR CLA			[Nev/axu	Pac	Lld	
SATISFACTION 8	d DISCHARG	E VOU	CHER - O	WN DAMA	AGE CLA	AIM	

I/We hereby declare and confirm that I/we have received from <u>TEAM AUTOPRO PTE LTD</u> (hereinafter referred to as the Workshop) my/our aforementioned vehicle. The repair(s) done by the Workshop is to my/our satisfaction and my/our vehicle is now in good running order.

Total cost of repairs agreed: \$ 31,000.00

Policy Excess: \$ 1,000.00

Others, if applicable: \$ 70.00 (124 fur)

Total Amount Payable: \$ 3010 70.00

I/We further declare and confirm that the above-agreed total amount payable to the workshop for such repair(s) and reimbursement(s) shall amount to a full discharge of my/our property damage claim caused in the aforementioned accident.

Dated this _____day of _______2021_

Signature of Policyholder