

OWN DAMAGE (OD) CLAIM SATISFACTION & DISCHARGE VOUCHER

Policy No. : D19MFL0005549_01	Claim No. : MFL2021D0003008
Vehicle No. : GBK1727Z	Date of Loss : 13-JUL-2021
Insured : PAN PACIFIC VAN & TRUCK LEASING PTE LTD	
Repairers : EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD	
Gross cost of repairs	: S\$ 8,500.00
Policy excess	: S\$ 1,500.00
Cost of repairs net of policy excess	: S\$ 7,000.00
GST, if applicable	: S\$ 490.00
Total amount payable	: S\$ 7,490.00

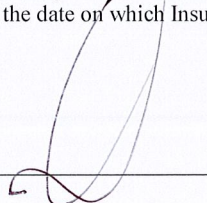
I/We hereby declare and confirm that I/we have received from the aforesaid Repairers my/our aforesaid vehicle which is repaired to my/our entire satisfaction and is now in good running order and in consideration of **INDIA INTERNATIONAL INSURANCE PTE LTD** (hereinafter referred to as Insurers) settling the repair costs stated above with the said Repairers, I/we hereby release and discharge the Insurers from all further obligations in respect of damage to my/our aforesaid motor vehicle on the abovementioned date. Insurers will continue to be liable in respect of the third party injury and property damage claims, if any.

I/We confirm that there is no other insurance covering this loss or damage and no other person has any interest in the subject matter of this claim. In consideration of the above payment, I/we have no further claims whatsoever on the Insurers and I/we hereby undertake to indemnify and hold harmless the Insurers against any claim which may be made against them in respect of damage to my/our aforesaid motor vehicle on the abovementioned date.

I/We hereby agree that by virtue of the aforesaid payment the Insurers are subrogated to all my/our rights and remedies in accordance with the laws governing the contract of insurance. I/We hereby authorize the Insurers to use my/our name to the extent necessary to exercise all or any of such rights and remedies. I/We further agree to co-operate with and render all assistance to the Insurers which they may reasonably require when exercising such rights and remedies.

I/We agree that if at any time subsequent to the settlement of the claim, the Insurers become aware of any material fact which if known earlier would have prejudiced my / our claim wholly or in part, I/we will refund the entire claim amount incurred by the Insurers within 7 (seven) days from the date on which Insurers make a demand in writing for such a refund.

Date: 10-NOV-2021

Signature of Insured : 

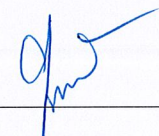
Name : PAN PACIFIC VAN & TRUCK LEASING PTE LTD

NRIC : 201511635R

Address : 8 CHANG CHARN ROAD #04-01 LINK BUILDING
SINGAPORE 159637

Nationality : S'POREAN

Occupation : GENERAL MANAGER

Signature of Witness : 

Name : JESSIE ONG

NRIC : SXXXX225H

Address : 56 LOYANG WAY #06-07 LOYANG ENTERPRISE
SINGAPORE 508775

Nationality : S'POREAN

Occupation : CLAIMS SUPERVISOR

Designation & Company Stamp: _____

