

SATISFACTION VOUCHER

Name & Address of Insured :

Name & Address of Repairers :

Date & Place of Accident :

Policy No :

Claim No :

Vehicle No :

Cost of Repairs :

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **CHINA TAIPING INSURANCE (S) PTE LTD**, settling the repair costs stated above with the said repairers I/We hereby release and discharge the said Insurers from all further obligations and liabilities under the aforesaid policy in respect 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:-

INSURED:-

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Company's Chop & Signature

.....
I.C. No & Signature/Company's Chop

WITNESS:-

WITNESS:-

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Name & Signature

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Name & Signature

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Address

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Address

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Date

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Date