

EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N



Claim No:
Our Ref No:

Date: 18.07.22

SATISFACTION AND DISCHARGE VOUCHER

I/We hereby confirm that all repairs to my/our vehicle registered no 90K 4J has been carried out to my/our satisfaction, and I/we agree that the payment of S\$ 172 573.76 made by EQ Insurance Company Ltd direct to ITAL Auto in full discharge of all claims for damage to the said vehicle under my/our policy no PM PPHQ21 - 007131 as a consequence of the accident which occurred on or about 01/05/2022

I/We place on record that by virtue of such payment the Underwriters/Insurers concerned become subrogated to all our rights and remedies in governing the contract of insurance.

I/We also record that they have authority to use my/our name to the extent necessary effectively to exercise all or any of such rights and remedies and I/we will furnish them with any assistance they may reasonably require of us when exercising such rights and remedies; whilst on their part, they will indemnify us against liability for cost, charges and expenses arising in connection with any proceedings which they may take in our name in the exercise of such rights and remedies.

Signature of Insured
Name: LEE BLOW CHONG JAY
I/C No:
Date: 18.07.22

Signature and Stamp of Witness
Name: CRIZBET VAYEN ZAVETA
I/C No: 6249462X

Note: The **Policyholder** may be entitled to the Loss of Use benefit, subject to terms and conditions of your motor policy as stipulated in your schedule or endorsement. EQ will process payment to **Policyholder** if there is a Loss of Use benefit entitled. Please select and complete **ONE** of the following:

- Paynow Linked Account**
Paynow registered Name/NRIC/FIN/Mobile number: _____
- Bank Transfer**
Bank Name: _____
Bank Account Holder's Name: _____
Bank Account Number: _____