Claim no:	OD	/	M220	12-	15	

SATISFACTION CUM DISCHARGE VOUCHER

To:	
	to my/our motor vehicle registration no.
	to the repairer for such repairs shall
be in full discharge of my/our claim und	er Policy No. MU008845
in respect of the damage caused to my	our said motor vehicle in the accident
which occured on \[\langle \l	M
Date :	Signature (Insured)
	NRIC No. \$1461491 D