

**AUTO INSURE PTE. LTD.**  
**(VEHICLE CLAIMS DISCHARGE VOUCHER)**

INSURED: \_\_\_\_\_ VEHICLE NO: SPL 963L  
ACCIDENT CLAIMS NO: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

I confirm that I have delivery of Vehicles No: \_\_\_\_\_ from  
AUTO INSURE PTE. LTD., Messrs \_\_\_\_\_  
and that all repairs necessary as a result of an accident in which the said vehicle  
was involved on or about the \_\_\_\_\_ day of \_\_\_\_\_ have been  
completed to my satisfaction; and that I have no further claims on the above  
Company in respect thereof.

DATE/TIME: 11/11/2022 SIGNATURE OF INSURED   
1515

(PLEASE SIGN AND RETURN)