

**INDIA INTERNATIONAL INSURANCE PTE LTD**

Co. Reg. No. 190703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email Insure@iil.com.sg
Fax (65) 62244174 Website www.iil.com.sg

Policy No: D22MPC0008471
Vehicle No: SJL3113G
Insured: ONG SWEE HENG
Repairers: Bodyfix
Gross cost of repairs: S\$ 5,700.00
Policy Excess: S\$ 750.00
Cost of repairs net of policy excess: S\$ 4,950.00
GST, if applicable: S\$ 396.00
Total amount payable: 5,346.00

Claim No: MPC2023D0000629
Date of Loss: 14-Jan-2023

SATISFACTION AND DISCHARGE VOUCHER

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 and liabilities under the terms of the aforesaid policy in respect of an accident involving my/our aforesaid motor vehicle on the abovementioned date.

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 under the aforesaid policy.

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 materially different facts 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.

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.

Date: 04-Apr-2023

Signature
of Insured:


Name:


NRIC:

Signature
of
Witness:

Name:

NRIC:


Ong Swee Heng
S 6942411B


RYAN TANG
S9509064M

Designation
& Company
Stamp: ADMIN

