

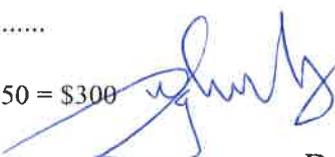
COMPANY: ALLIANZ INSURANCE

MOTOR CLAIM NO. OWN DAMAGE CLAIM

DISCHARGE VOUCHER

I/We hereby declare that the repairs to my/our HONDA VEZEL No. SKB 181U
have been completed to my/our satisfaction and I/We agree that the payment of the account
for such repairs is in full discharge of my/our claim under Policy No. SP2000643955-01 in
respect of the damage caused in the accident which occurred on the 13th day
of MARCH 2023

Transport Allowance - 6 days x \$50 = \$300


Date: 25/03/2023

Signature: 