

MOTOR DISCHARGE FORM (OD)

CLAIM NO:

In consideration of a payment from ALLIANZ INSURANCE COMPANY OF SINGAPORE PTE LTD to Chew Goon Motor on this ___ day of _____ 20___, the sum of Dollars _____ (S\$ 4,320.00) being full settlement of my/our claim upon the said Company under Policy No. SP2003215160.01 for loss, damage and expenses caused by the accident which occurred on 28/1/23 and I/we hereby declare that the repairs to the insured vehicle SJL37218 have been satisfactorily executed, and I/we herewith discharge the said Company without reserve from any liability to pay further claims arising from the above mentioned accident.

Insured/Authorised Signature: [Handwritten Signature] 

Company's Stamp (where appropriate): _____

Full Name & Designation: Tan Yong Phio Mrs Wong Yong Phio

Identity Card/Passport No: Sxxxx048A

Address: _____

Date: _____

X-----X

Please complete portion below. Your feedback will help us serve you better. Thank you.

CUSTOMER FEEDBACK

CLAIM NO: _____

"On a scale 0 – 10, how likely is it that you will recommend our company to your friends?"
(0 = definitely no; 10 = strongly recommend)

0	1	2	3	4	5	6	7	8	9	10
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Note: Please cross 'X' out a number.