



Satisfaction & Discharge Voucher
Own Damage Claim

Policy Number _____	Claim Number _____
Vehicle Number _____	Date Of Loss _____
Name of Policyholder _____	
Name of Workshop _____	
Total Cost Of Repairs _____	
Policy Excess _____	
GST, if applicable _____	
Total amount payable _____	

I/We hereby declare and confirm that I/we have received from the aforesaid Workshop my/our aforesaid vehicle which has been repaired to my/our satisfaction and is now in good running order. In consideration of ECICS LIMITED (hereinafter referred to as "Insurers") settling the cost of repairs stated above with the said Workshop, I/we hereby release and discharge the Insurers from all further obligations in respect of damage to my/our aforesaid motor vehicle on the abovementioned date.

I/We confirm that there is no other insurance policy covering this loss and/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 against the Insurers and have not made a separate third party claim. In addition, I/we hereby undertake to indemnify the Insurers against any third party claim which may be made against them in respect of damage to my/our aforesaid motor vehicle on the abovementioned date.

I/We hereby agree that by virtue of the aforesaid payment, all my/our rights and remedies are subrogated to the Insurers 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 in order to exercise all or any of such rights and remedies. I/We further agree to render co-operation and assistance unreservedly 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 material fact(s) which if known earlier would have prejudiced my I our claim wholly or in part, I/we will refund the entire claim amount incurred by the Insurers within seven {7} days from the date of the Insurers' written demand for such a refund.

Dated this _____ day of _____ 201__

Signature of Policyholder _____	Signature of Witness _____
Name _____	Name _____
NRIC No. _____	NRIC No. _____
Designation & Co. Stamp _____	Designation & Co. Stamp _____