

## **OWN DAMAGE (OD) CLAIM SATISFACTION & DISCHARGE VOUCHER**

Policy No. :	Claim No. :
Vehicle No. :	Date of Loss :
Insured :	
Repairers :	
Gross cost of repairs :	\$S
Policy excess :	\$S
Cost of repairs net of policy excess :	\$S
GST, if applicable :	\$S
Total amount payable :	\$S

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 in respect of damage to my/our aforesaid motor vehicle on the abovementioned date. Insurers will continue to be liable in respect of the third party injury and property damage claims, if any.

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 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 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 material fact 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.

Date:

Signature of Insured : _____	Signature of Witness : _____
Name : _____	Name : _____
NRIC : _____	NRIC : _____
Address : _____ _____	Address : _____ _____
Nationality : _____	Nationality : _____
Occupation : _____	Occupation : _____

Designation & Company Stamp: \_\_\_\_\_