

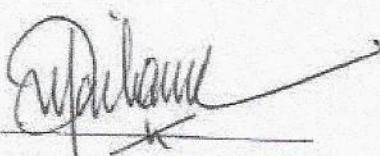
AUTHORIZATION TO ACT

I, ZULAIHA BINTE HARON ("the third party claimant") of BLK 278 TAMPINES STREET 22 #02-204 (address), owner of SNH6928B (vehicle no.) hereby authorize Komoco Motors Pte Ltd to act for me with respect to my claim for repair costs and/or rental and/ or loss of use ("claim") for my vehicle no. SNH6928B that was damaged pursuant to the accident which occurred on 28/10/2024 (date) along 278 TAMPINES ST 22 (location) involving vehicle no. SLP9154D ("the accident").

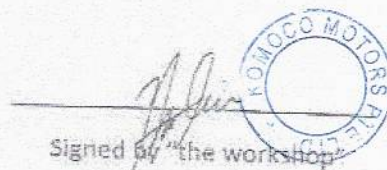
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement on my claim with payment cheque/s being made in favor of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Date this 06 day of 12 (month) 20 24 (year)



Signed by "third party claimant"



Signed by "the workshop"

Date:

M/s:

INDIA INTERNATIONAL INSURANCE

Singapore

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SNH6928B and SLP9154D on 26/10/2024

I am the owner of vehicle no SNH6928B which was involved in an accident with your insured vehicle no SLP9154D.

The accident was caused solely by your insured's negligence. I am therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 3064.21
b)	Loss of Use/ Rental of vehicles for <u>3</u> day(s) @ S\$ <u>80</u> per day	S\$ 240.00
c)	LTA/ GIA Search Fees	S\$ 2.18
d)	Administrative Charges	S\$
e)	Others	S\$
TOTAL		S\$ 3306.39

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input type="checkbox"/>	NRIC/ Driving License
<input type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report

All payment should be made in my favour and the said payment as full and final settlement of my claim

Please acknowledge receipt and let me have your favourable reply soon.

Sincerely

Name of Insured:

NRIC:

