

**AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS**

I/We, HO WAI LOON, KELVIN (the third party claimant") of  
BLK 46 CEYLONR OAD0 #5-06 SINGAPORE 42963(address), owner/driver/passenger  
of SMK7972L (vehicle no.) hereby authorize JOO HAK KEEAUTO PTE LTD  
("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the  
accident which occurred on 31/10/2024 (date) along ATALONGPAYALEBARROAD  
(location) involving vehicle no/s SLP185Z ("the accident").

I/We, also confirmed that I/We **will not be making any Injury Claim** and will only claim for the  
medical bills related to this 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 of my claim with  
payment cheque/s being made in favour 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.

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



Signed by "the third party claimant"  
(with chop if applicable)



Signed by "the workshop"  
(with chop)