

AUTHORIZATION LETTER TO CLAIM FOR MEDICAL BILLS

I/We, Balamuruhan Serga (the third party claimant") of Blk 690 Jurong West Central 1 S640690 (address), ~~owner~~/driver/passenger of SKD7590R (vehicle no.) hereby authorize Complete VMS Pte Ltd ("the workshop") to act for me with respect to my claim for medical bills ("claim") pursuant to the accident which occurred on 28/11/2024 (date) along ORCHARD ROAD (location) involving vehicle no/s SH61255 ("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.

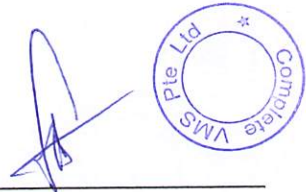
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit.

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 18 (day) of September (month) 20 25 (year)



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



Signed by "the workshop"
(with chop)