

To : MS CAR AUTO PTE LTD
CRN : 201726092Z
located at : 8 Kaki Bukit Ave 4, #01-07, Premier @ Kaki Bukit Singapore 415875

Letter of Authorization & Undertaking

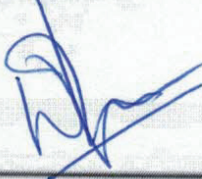
In Respect of Accident Involving my/our Vehicle No.: SLR 9827U
and EX 11H and _____
and _____ and _____
@ BUKIT DATOK AVE 5 slip road towards bukit datok AVE 3
dated 13/3/18

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you - in the form of payment cheque made in favor to **MS CAR AUTO PTE LTD.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. I/We understand and accept that until I/we revoke your authority in writing, I/we am/are bound by all the instructions given by you to the third party and/or its insurer.

Yours faithfully,



Claimant Signature & Co's Stamp (if applicable)

Date: _____