



CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

RE: LETTER OF AUTHORIZATION

Name of owner: RAVI SANJAY NRIC: 573 012926

Address: 9 KERONG LANE SINGAPORE 757224

Name of Driver: RAVI SANJAY NRIC: 573 012926

Address: 9 KERONG LANE SINGAPORE 757224

Accident on 13/04/2013 Involving SKD6941T & SKP6677T & UNKNOWN AND SLJ3139U

At/along WOODLANDS AVE 3

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle VOLKSWAGEN SCIROCCO at my/our request I/We the above owner of Motor Vehicle No: SLJ3139U do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: 
Name: _____
Date: _____

WITNESS SIGNATURE: CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62/Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Name: _____
Date: _____