

Letter of Authority

1. Accident involving vehicle number GBG 1034 K & SHA 4241 U at Marina Boulevard after Marina View Link on 11-05-18
2. I, Soon Seng Electric Pte Ltd NRIC 20151052Z, owner of motor Vehicle no. GBG 1034 K hereby authorize my repair workshop, namely TC AutoClinic Pte Ltd 25 Leng Kee Rd S159097 to act for me with respect to the following
 - a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - b) To resolving my claim as they deem fit, including settling the matter on basis of my contributing negligence if any.
 - c) To receive payment for settlement of my claim and all payment be made payable to the workshop for cost of repairs and other uninsured losses
 - d) To sign discharge voucher on my behalf
3. I understand that the claim for loss of use of my vehicle will be based on the number of days estimated by the surveyor in his report to be required for repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for the extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
4. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
5. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Dated this 31 (Day) of Oct (Month) 2018 (Year)

Claimant Particulars

Name: _____
Address: _____

Authorized Workshop

Workshop: TC AutoClinic Pte Ltd
Claim Officer: Shawn Chua

Tel No: _____

Signature: _____



[Handwritten Signature]

Signature
& Co. Stamp.

[Handwritten Signature]



Email: _____