

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	26/05/2018 11:46
Date Of Accident	25/05/2018 16:00
Exact Location Of Accident	PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7148B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VERMINATOR PTE LTD
Co Reg No	201106883R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5073229914-02
Cover Note Number	

### Driver

Name of Driver	ABDUL GHANI BIN MOHAMAD HASHIM
NRIC No	S7423601D
Date Of Birth	31/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98873485
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 547D SEGAR ROAD #09-29
Postcode	674547
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180526/2038

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN994L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ABDUL GHANI BIN MOHAMAD HASHIM
Approximate Age	43
Injuries Sustain	
Injured person in which vehicle?	GBG7148B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 547D SEGAR ROAD #09-29
Postcode	674547



## Accident Sketch Plan Pg. 1



### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

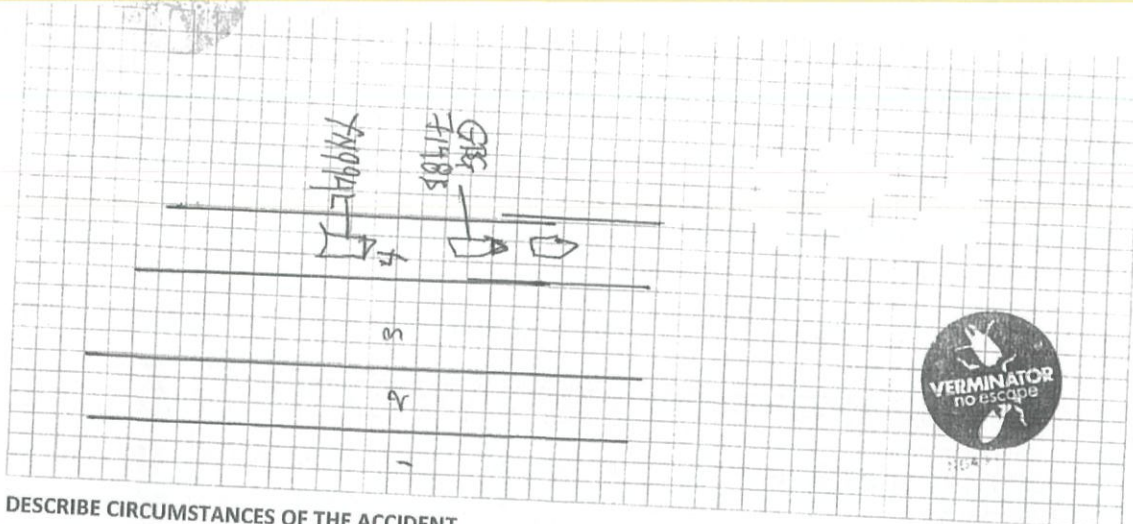
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

26 MAY 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4  
Singapore 415933  
Name: \_\_\_\_\_  
NRIC/ID NO: \_\_\_\_\_  
Tel: 67416697 Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refy

Police Report



### DECLARATION

I/We declare the foregoing particulars are true in every respect.

26 MAY 2018

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature  
Name: Singapore 41583  
Tel: 67416697 Fax: 67492305  
NRIC/FIN No.:  
Email: vackb@singnet.com.sg



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180526/2038

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180526/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2018 11:07	Vide Report No.:	Station Diary No.: 20
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## Informant's Particulars

Name of Informant: ABDUL GHANI BIN MOHAMAD HASHIM			Address: APT BLK 547D SEGAR ROAD #09-29 SINGAPORE 674547		
ID Type / ID No.: NRIC NO / S7423601D			Contact No.: Home/Office: Mobile: 98873485		
Nationality: STATELESS			Email:		
Sex: Male	Age: 43	Date of Birth: 31/07/1974	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: VERMINATOR			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY before Paya Lebar Road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7148B	Van	NISSAN	NV200	White	Slightly Damaged	0
YN994L	Lorry	FUSO		White	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180526/2038

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20180526/2038

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	ABDUL GHANI BIN MOHAMAD HASHIM		ID No. S7423601D
Related Vehicle	GBG7148B (Van)		Contact No. 98873485
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	25/05/2018	Date Discharge	25/05/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	CHEAH LEE CHAI		ID No. S1354177I
Related Vehicle	YN994L (Lorry)		Contact No. 97340222
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 25.05.2018 at about 16000hrs, I was driving on the 4th lane of the expressway when the vehicle in front of me slowed down and came to a stop as such I did the same when suddenly there was an impact from the rear of the vehicle causing me to jerk forward. I went out to make a check and discovered that a lorry had collided into the rear of my vehicle. The driver told me that he had braked however his brake did not function properly as such he collided into my rear. We exchanged particulars. There is no visible injuries on both of us. Ambulance was called in because I was feeling pain at my neck and back area. I was then conveyed to Changi General Hospital where I was given 14 days hospitalization leave due to spinal tenderness. The damages to my vehicle are rear mirror smashed, rear door damaged, left side rear light damaged and rear bumper caved in.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180526/2038

3 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180526/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt RUZIANA BINTE MUHAMMAD RUDY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
26/05/2018 11:07

Classification Of Case:

SIGNATURE



&gt; Back to OneMotoring

## Land Transport Authority

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 May 2018 / 11:29:09

Receipt Date/Time : 28 May 2018 / 11:29:09

## Tax Invoice/Receipt

Receipt No. : ITNET-00000-180528-000718

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - YN994L

As at 25 May 2018/16:00:00

Insurance Co: SOMPO INSURANCE SINGAPORE PTE. LTD.

1 Insurance Enquiry - YN994L  
Enquiry Fee  
20180528112748963338

7.00	0.49	7.49
------	------	------

Sub-Total

7.00	0.49	7.49
------	------	------

Total Before Rounding

7.00	0.49	7.49
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Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

xxxxxxxxxxxx4702

Credit Card:  
Visa/MasterCard

7.45

Total

7.45

Cash Change

0.00

Tendered Amount

7.45

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

motorsurvey@sompo.com.sg

GST Registration No. 123-456789  
 Invoice No. 123456789  
 Date of Issue 28 May 2018

Print Date/Time: 28 May 2018 11:29:09  
 Receipt Date/Time: 28 May 2018 11:29:09

# Tax Invoice/Receipt

Receipt No. THT0000-180528-001  
 Previous Receipt No.

Business Description  
 Business Transaction Reference No.

Result of Insurance Endorse - YIN994L  
 As at 28 May 2018 00:00

Insurance Co. SOMPO INSURANCE SINGAPORE PTE LTD

Insurance Endorse - YIN994L  
 Endorse Fee  
 20180528123456789

Amount	GST	Amount
After GST	(2%)	Before GST (2%)

7.43	0.43	7.00
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7.43	0.43	7.00
------	------	------

7.43	0.43	7.00
------	------	------

0.04		
------	--	--

7.43		
------	--	--

Sub-Total  
 Total Before Rounding  
 Rounding Difference  
 Total Amount Payable

Paid By

xxxxxx xxxxx  
 Credit Card  
 1234567890123456

7.43

7.43

0.00

7.43

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payment is made by the date specified. If payment is not made by the date specified, the company will be liable for the payment. The company will not be responsible for any loss or damage caused by the payment. The company will not be responsible for any loss or damage caused by the payment.



Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180526/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/05/2018 11:07	Vide Report No.:	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: ABDUL GHANI BIN MOHAMAD HASHIM			Address: APT BLK 547D SEGAR ROAD #09-29 SINGAPORE 674547		
ID Type / ID No.: NRIC NO / S7423601D			Contact No.: Home/Office: Mobile: 98873485		
Nationality: STATELESS			Email:		
Sex: Male	Age: 43	Date of Birth: 31/07/1974	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: VERMINATOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  before Paya Lebar Road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7148B	Van	NISSAN	NV200	White	Slightly Damaged	0
YN994L	Lorry	FUSO		White	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180526/2038

**CONTINUATION OF REPORT**

Driver				
Name	ABDUL GHANI BIN MOHAMAD HASHIM		ID No.	S7423601D
Related Vehicle	GBG7148B (Van)		Contact No.	98873485
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/05/2018		Date Discharge	25/05/2018
No. of Days granted Medical Leave	14		Degree of Injury	Slight
Driver				
Name	CHEAH LEE CHAI		ID No.	S1354177I
Related Vehicle	YN994L (Lorry)		Contact No.	97340222
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 25.05.2018 at about 16000hrs, I was driving on the 4th lane of the expressway when the vehicle in front of me slowed down and came to a stop as such I did the same when suddenly there was an impact from the rear of the vehicle causing me to jerk forward. I went out to make a check and discovered that a lorry had collided into the rear of my vehicle. The driver told me that he had braked however his brake did not function properly as such he collided into my rear. We exchanged particulars. There is no visible injuries on both of us. Ambulance was called in because I was feeling pain at my neck and back area. I was then conveyed to Changi General Hospital where I was given 14 days hospitalization leave due to spinal tenderness. The damages to my vehicle are rear mirror smashed, rear door damaged, left side rear light damaged and rear bumper caved in.



**SINGAPORE  
POLICE FORCE**



T/20180526/2038

3 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180526/2038

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt RUZIANA BINTE MUHAMMAD RUDY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/05/2018 11:07

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:



Authentication Stamp

NP168

SIGNATURE





## LETTER OF AUTHORITY & INDEMNITY

TO: OUR BRO'S WORKSHOP (S) PTE LTD  
10 KAKI BUKIT ROAD 2  
#03-38 FIRST EAST CENTRE  
SINGAPORE 417868

ACCIDENT INVOLVING VEHICLE NO. \_\_\_\_\_ & \_\_\_\_\_  
ON \_\_\_\_\_ ALONG \_\_\_\_\_

1. I/WE, THE OWNER OF VEHICLE NO. \_\_\_\_\_ HEREBY INSTRUCT & AUTHORISE YOU TO COMMENCE REPAIRS TO THE SAID VEHICLE.

2. YOU ARE FURTHER AUTHORISED TO APPOINT SOLICITORS ON MY/OUR BEHALF & GIVE THE SOLICITORS FULL INSTRUCTIONS AS IF THE APPOINTMENT IS MADE & INSTRUCTIONS ARE GIVEN BY ME/US WITH RESPECT TO THE CONDUCT OF MY/OUR CLAIM AGAINST THE THIRD PARTY DRIVER AND/OR HIS INSURERS INCLUDING IF NECESSARY, TO COMMENCE LEGAL PROCEEDINGS IN COURT IN MY/OUR NAME AGAINST THE THIRD PARTY.

3. YOU HAVE MY/OUR FULL AUTHORITY TO INSTRUCT MY/OUR SOLICITORS TO NEGOTIATE A SETTLEMENT WITH THE THIRD PARTY AND/OR HIS INSURERS ON SUCH TERMS AS YOU DEEM FIT. UPON SETTLEMENT OF MY CLAIM, YOU ARE AUTHORISED TO SIGN ANY DISCHARGE VOUCHER OR ANY DOCUMENTS TO CONFIRM MY ACCEPTANCE OF THE SETTLEMENT AS FULL AND FINAL DISCHARGE OF MY CLAIM, ON MY BEHALF.

4. UPON RESOLVING MY/OUR CLAIM, YOU ARE AUTHORISED TO AGREE WITH MY/OUR SOLICITORS ON THE AMOUNT OF THEIR PROFESSIONAL COSTS & DISBURSEMENTS FOR ACTING FOR ME/US AND TO RECEIVE PAYMENT OF THE BALANCE OF THE SETTLEMENT SUM ON MY/OUR BEHALF DIRECTLY INTO YOUR ACCOUNT.

5. IN THE EVENT THAT I/WE AM/ARE REQUIRED TO ATTEND AT MY/OUR SOLICITORS' OFFICE OR TO ATTEND COURT IN CONNECTION WITH MY/OUR CLAIM, I/WE SHALL RENDER FULL CO-OPERATION.

6. IN THE EVENT THAT MY/OUR CLAIM AGAINST THE THIRD PARTY AND/OR HIS INSURERS IS NOT SUCCESSFUL OR CANNOT BE PROCEEDED WITH, I/WE AUTHORISE YOU TO MAKE A CLAIM AGAINST MY/OUR OWN INSURERS FOR THE COST OF REPAIRS & ANY OTHER LOSSES RECOVERABLE UNDER MY/OUR POLICY OF INSURANCE. IN THIS RESPECT, I/WE UNDERSTAND & ACCEPT THAT THE EXCESS AMOUNT APPLICABLE UNDER THE POLICY OF INSURANCE SHALL BE BORNE BY ME/US. I/WE SHALL ALSO BE PERSONALLY LIABLE TO BEAR ALL LEGAL COSTS INCURRED BY YOU IN CLAIMING BACK FOR THE REPAIR COSTS BY THE SOLICITORS.

7. IF FOR WHATEVER REASON, MY/OUR INSURERS REJECT MY/OUR CLAIM FOR INDEMNITY FOR THE COST OF REPAIRS AND/OR ANY OTHER LOSSES RECOVERABLE UNDER THE POLICY OF INSURANCE OR MAKE AN OFFER TO PAY LESS THAN THE AMOUNT CLAIMED BY YOU, I/WE AGREE & UNDERTAKE TO PAY THE FULL AMOUNT OF YOUR REPAIR BILL & SURVEY FEES & ANY OTHER EXPENSES REASONABLY INCURRED ON MY/OUR BEHALF OR TO PAY YOU THE DIFFERENCE IN AMOUNT, AS THE CASE MAY BE.

DATED THIS ON \_\_\_\_\_

NAME: ABDUL GHANI b MO HASHIM  
NRIC/ROC NO: 57423601D

NAME OF INSURERS: \_\_\_\_\_

POLICY NO: \_\_\_\_\_

EXCESS: \_\_\_\_\_

ADDRESS: BIC 5470 SEGAR RD 09-29 674547  
CONTACT NO: 9887 3485

P



# LETTER OF AUTHORITY & ENDORSEMENT

TO: THE POLICE DEPARTMENT  
 3000 WEST 10TH AVE  
 DENVER, CO 80202

DATE OF POLICE REPORT: \_\_\_\_\_  
 DATE OF THIS LETTER: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act on my behalf in all matters relating to the above described incident.

I, \_\_\_\_\_, further authorize \_\_\_\_\_ to act on my behalf in all matters relating to the above described incident, including but not limited to, the signing of any and all documents, the filing of any and all claims, and the payment of any and all costs.

I, \_\_\_\_\_, further authorize \_\_\_\_\_ to act on my behalf in all matters relating to the above described incident, including but not limited to, the signing of any and all documents, the filing of any and all claims, and the payment of any and all costs.

I, \_\_\_\_\_, further authorize \_\_\_\_\_ to act on my behalf in all matters relating to the above described incident, including but not limited to, the signing of any and all documents, the filing of any and all claims, and the payment of any and all costs.

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I, \_\_\_\_\_, further authorize \_\_\_\_\_ to act on my behalf in all matters relating to the above described incident, including but not limited to, the signing of any and all documents, the filing of any and all claims, and the payment of any and all costs.

DATE OF THIS LETTER: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_  
 POLICY NO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

NAME OF AGENT: \_\_\_\_\_  
 POLICY NO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

