

160 Sin Ming Drive Autocity #02-04 Singapore 575722

LETTER OF AUTHORISATION

To: CARTIMES AUTOLUTION PTE LTD
RE: ACCIDENT INVOLVING VEHICLE
Vehicle No.: SLZ 4885 H & SGA 6384P Along (Road Name)
Muti carparted Bllc 730 A Tampines Ave 5 on 14/6/18.
I/We Cartines Auto Neut Ple HARIC/Passport No: 201633634W owner of vehicle
no. 912 4885# hereby authorize you to commence repair to the said vehicle
forthwith.

- 1. I/We hereby irrevocably authorize you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name for the costs of repair and loss of use, etc. and to you appointing any Solicitor to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claims to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorization to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claims to as successful conclusion.
- 2. I/We also irrevocably authorize you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claims in my/our absence. I/We irrevocable authorize you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.
- 3. I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
- 4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
- 5. Upon settlement of the third party claims and in case the settlement monies was sent to me/us by the third party's insurers, I/We undertake to pay you and my/our Solicitor the cost of repairs settled and related expenses and disbursement incurred.

Owner's Signature

Witness Signature/Name

(Company's Stamp if applicable)



160 Sin Ming Drive Autocity #02-04 Singapore 575722

PAYMENT AUTHORIZATION FORM

Date:
Atten: Motor Claims Dept
Dear Sir/ Mdm,
Accident on 1416/18 involving vehicle no. SLZ 48854& SGA 638416ng Multi carpare of Blk. 7304 Companes Ares.
I/We (name) <u>Cav-Fines</u> <u>Auto Rent Ple (NRIC)</u> <u>701633 634w</u> is the registered owner/driver of vehicle no. <u>SLZ 48864</u> which was involved in the above accident with your insured client of Vehicle no. <u>SGA 6384 P</u>
I/We also hereby authorize that any payment due to me/us from the foresaid claim to be paid to CAR TIMES AUTOLUTION PTE LTD.
I/We hereby indemnify CAR TIMES AUTOLUTION PTE LTD against all claims and/or damages which may arise from all action taken for and on my/our behalf.
I/We hereby affirmed that above mentioned statement to be true and correct.
If the third party's insurance is NTUC and in any circumstances, if I/we were to receive any cheque from the third party's insurance company payee issued under my name, I undertake to return cheque to "Car Times Autolution PTE LTD"
Yours faithfully

Owner signature

(Company's stamp is applicable)

Land Transport

SLZ4889H

Land Transport Authority 10 Sin Ming Drive Singapore 575701 GST Registration No.: M4-0006529-2

Print Date/Time:

18 Jun 2018 / 11:39:09

Receipt Date/Time: 18 Jun 2018 / 11:39:09

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180618-000748

Previous Receipt No. :

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SGA6384P As at 14 Jun 2018/10:26:00			()	(σψ)
Insurance Co: LONPAC INSURANCE BHD				
Insurance Enquiry - SGA6384P Enquiry Fee				
20180618113730899380		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8570	Credit Card: Visa/MasterCard		7.45
	Total	viou/wasterCard		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.



160 Sin Ming Drive AutoCity #02-04 Singapore 575722

VEHICLE CLAIMS DISCHARGE VOUCHER

INSURED: DENVER VANSLOW KONG WEI LEONG

VEHICLE NO.: SLZ4885H

POLICY NO: 5100164435

I confirm that I have received my vehicle <u>SLZ4885H</u> from CAR TIMES AUTOLUTION PTE LTD.

I <u>DENVER VANSLOW KONG WEI LEONG</u> (Name) have acknowledge that all necessary repair has been done from the result of an accident that <u>SLZ4885H</u> (Car plate No.) was involved on <u>14/6/2018</u> (Date) <u>ALONG MULTISTOREY CP OF BLK 730A TAMPINES AVE</u> <u>05</u> (Location) has been completed and up to my satisfactory level. I have no further claims on the above company in respect thereof.

Date: 21/6/2018

Time:

1525h

Signature of insured

my execution of this Discharge Voucher is only for my claim for property damage and not prejuducial to any other claims arising from the same accident.