

M/s AXA Insurance Singapore Pte Ltd
C/o LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1, #02-25
Singapore 408933
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 28/05/2018 INVOLVING YM9972X & XB7886U
ALONG BACK ALLEY OF 7 WOODLANDS SECTOR 1

We are the authorised repair workshop for the owner of vehicle, YM9972X, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, XB7886U, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	2,675.00
2. Car Rental	-
3. 5.0 days Loss of Use @ \$180	900.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	2.00
7. Medical	-
8. Others	-

(E&OE)	3,577.00

We enclose the following documents to support the claims: -

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repair/Excess Bill | <input checked="" type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Surveyor Report | <input checked="" type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Coloured Photographs | <input type="checkbox"/> Car Rental Bill |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input type="checkbox"/> Medical Bill |
| <input checked="" type="checkbox"/> GIA/TP Search | <input type="checkbox"/> Witness Statement |
| <input type="checkbox"/> Others: _____ | |

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

59 Loyang Drive S(508969)

DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com



ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell
205 Braddell Road
Singapore 579701
Tel 6383 8110

Loyang
59 Loyang Drive
Singapore 508969
Tel 6214 8300

Pandan
45 Pandan Road
Singapore 609286
Tel 6338 8778

Sin Ming
383 Sin Ming Drive
Singapore 575717
Tel 6553 0400

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791
Tel 6369 7369

Ubi
320 Ubi Road 3
Singapore 408649
Tel 6848 5721

www.SPARKcarcare.com

ComfortDelGro Engineering Pte Ltd

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205 Braddell Road
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383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
501 Yishun Industrial Park A Singapore 768732
www.SPARKcarcare.com

Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6848 5721
Tel: 6757 7898



COMPANY ComfortDelGro Engineering

Page: 1

GST REG. NO. M2-892181

TAX INVOICE

80411714

Company SEE HO PTE LTD

7 WOODLANDS SECTOR 1
738359

CONTACT NO: 65570633 82337083

VEHICLE NO
YM 9972XMAKE
MITSUBISHIMODEL
FE83PE6SRDEA

DATE OF REG

CHASSIS CODE
FE83BEA11240NO/DATE
91427528 22.02.2019JOB NO.
305270855

ODOMETER READING

JOB TYPE

Description : CASH JOB WITH RECOVERY AGAINST AXA INS

Invoice for Lump Sum Repair

Lump Sum Amt	2,500.00
Subtotal	2,500.00
Add GST @ 7.000 %	175.00
Total Invoice amount	2,675.00

Issued by : DEASEX08 22.02.2019 14:06:20
Repair Type : CPSO/52/5C
Payment Type :

- 1) WHILEST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

OFFICE COPY

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ

Third Party Insurer Enquiry

Our Ref No: GR-18-110595

Date of Request: 19/07/2018

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 19/07/2018

Enquiry By Vo Yung Khong

TP Vehicle No. XB7886U

Accident Date 28/05/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XB7886U	AXA Insurance Pte Ltd	31/01/2018-30/01/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-110595

Date of Request: 19/07/2018

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 19/07/2018

Enquiry By Vo Yung Khong

TP Vehicle No. XB7886U

Accident Date 28/05/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	19/07/2018 11:33
Date Of Accident	28/05/2018 12:15
Exact Location Of Accident	BACK ALLEY OF 7 WOODLANDS SECTOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9972X
Insured/Policyholder	
Name Of Registered Owner	SEE HO PTE LTD
Co Reg No	200311235E
Email Address	APRYL.SEEHO@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62570633

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA-3.0 D B31 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVCPSPB0084961801
Cover Note Number	

Driver

Name of Driver	ZHAO YANWEI
Passport No/FIN	G8173624W
Date Of Birth	15/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91556771
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 7 WOODLANDS SECTOR 1

Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR

Road Surface WET

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? NO

Was any injured conveyed to hospital by ambulance? NO

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) 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] SEMBAWANG NPC

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED SKETCH PLAN & POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB7886U

Vehicle Make/Model/Colour MITSUBISHI / UNKNOWN / WHITE

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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. This report will be forwarded by the insurers to 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.

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

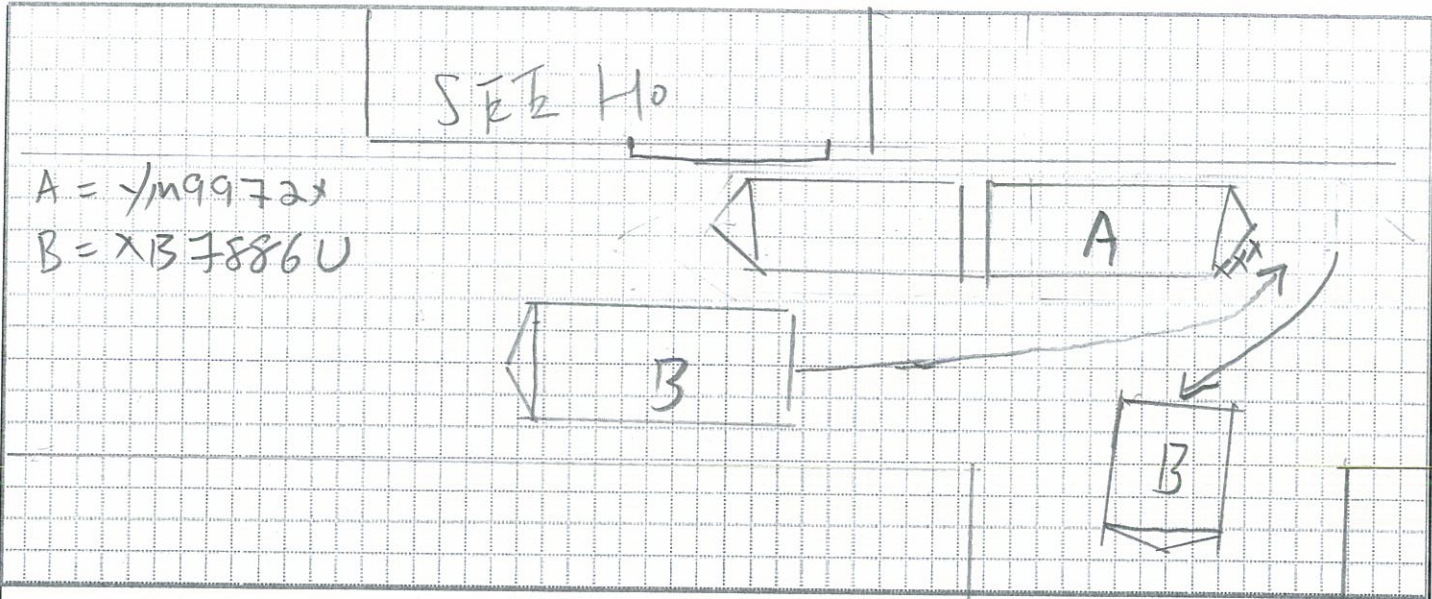
19/07/2018

WFOOTDELGRU ENGINEERING PTE LTD
45 PANDAN ROAD
SINGAPORE 609286
TEL 6338 8778 FAX 6262 6950
19/7/18

Reporting Centre Personnel's Signature

Name: Vo Yung Khay.
NRIC / Fin No.: G2638977T.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

我的車(A) 當停泊在公司後巷, 被車(B) 經過的時候撞倒, 玻璃破碎, 打錯位。但是車(B) 司機沒有停車就走掉了。

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide **within 21 days** of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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



Policyholder's Signature
Date & Time

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

19/07/2018

WFO RTDELGRU ENGINEERING PTE. LTD.
45 PANDAN ROAD
SINGAPORE 609286
TEL: 6338 8778 FAX: 6262 6950
19/7/18.

Reporting Centre Personnel's Signature
Name: Vo Yung Khay.
NRIC / Fin No.: G26389777.



**SINGAPORE
POLICE FORCE**



T/20180528/2128

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20180528/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/05/2018 19:58		Vide Report No.:		Station Diary No.: 54	
Informant's Particulars					
Name of Informant: OOI CHUN HOE			Address: 23 JALAN SENDUDOK SINGAPORE 769457		
ID Type / ID No.: NRIC NO / S7770358F			Contact No.: Home/Office: Mobile: 96864791		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 02/02/1977	Type of Informant: Manager of company		
Race: Chinese			Language:		Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/05/2018 12:15	Type of Location: Bend
Location: Along Road 1 WOODLANDS WALK Back alley of 7 woodlands Sector 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XB7886U	Lorry			White		0
YM9972X	Lorry			White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180528/2128

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20180528/2128

CONTINUATION OF REPORT

Company manager			
Name	OOI CHUN HOE	ID No.	S7770358F
Related Vehicle	NIL	Contact No.	96864791
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the project manager for See Ho Private Limited.

On 28/05/18 at about 1600hrs, one of my worker approached me and informed me that the company's lorry YM9972X was hit and requested me to review the CCTV. As such, I retrieved the CCTV footage and discovered that on 28/05/18 at about 1214hrs, a lorry XB7886U tried to reverse and leave the back alley along woodlands walk and the lorry hit onto the front right side of my company's lorry parked at the side of woodlands walk. The windscreen of my lorry cracked, and there are dents and scratches.

I was told by my company to lodge a report for insurance claim.



SINGAPORE
POLICE FORCE



T/20180528/2128

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3




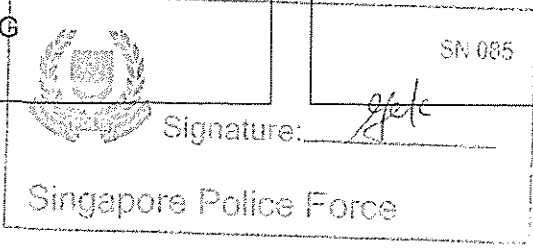
Report No T/20180528/2128

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: F / Sgt 2 GOH GEK LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2018 19:58
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case: SN 085
Authentication Stamp NP168	Signature:  

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
THE ROAD TRANSPORT ACT 1987 OF MALAYSIA

THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVCPSB0084961801

ChaNo: FE83BEA11240

1. Index Mark and Registration
Number of Vehicle

YM 9972 X

2. Name of Policyholder

SEE HO PTE LTD

3. Effective Date of Commencement of Insurance
for the purposes of the Ordinance

24 February 2018

4. Date of Expiry of Insurance

23 February 2019

5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

C. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER :

1. USE FOR HIRE OR REWARD OR FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

2. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Estimated Value : MARKET VALUE WITH COE/PARF

Hire Purchase Owner :

Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Approved Insurers

Examined By

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) YM 9972X and (Third Party's Vehicle No.)
XB 7886U on 28/05/2018 along Back Alley of 7 Woodlands Sector
1

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, _____ *NRIC/Passport

No. _____ (Address)* _____

_____ / See Ho pte Ltd a company

incorporate in Singapore and having its registered office at (Address)* 7 Woodlands Sector 1

Singapore 738359 owner of Vehicle Registered No. YM 9972X

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a

company incorporated in Singapore and having its registered office at 205 Braddell Road

its agents or any person authorized by CDGE to be *my/our Attorney and in *my/our name(s) and on *my/our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorney **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day 19th of the month of

July Year Two Thousand - eighteen (2018)

Signed, Sealed & Delivered By

Customers Name: _____
NRIC No.: _____
Co's rubber Stamp

