

PTE/SLF2707H/20180705/OD_COR_CASH-CL
22/02/2019

M/s Lonpac Insurance Berhad
300 Beach Road
#17-04/07, The Concourse
Singapore 199555
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 05/07/2018 INVOLVING SLF2707H & SKL737P
ALONG MALAYSIA/JOHOR DARUL TAKZIM

We are the authorised repair workshop for the owner of vehicle, SLF2707H, 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, SKL737P, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	469.94
2. Car Rental	-
3. 7.0 days Loss of Use @ \$80	560.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	2.00
7. Medical	-
8. Others	-

(E&OE) 1,031.94

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

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

A member of

COMFORTDELGRO



ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cedge.com.sg

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205 Braddell Road Singapore 579701
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383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare.com

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



ComfortDelGro Engineering

COMPANY REG. NO: 199506048W
GST REG. NO. M2-8921817

TAX INVOICE

80411421

LION CITY RENTALS PTE LTD

01-03 29 PAYA LEBAR ROAD

0 Paya Lebar Office Centre SG 409005

CONTACT NO:

VEHICLE NO
SLF2707H

MAKE
HONDA

MODEL
VEZEL

DATE OF REG
19.08.2016

CHASSIS CODE
RU11204739

INVOICE NO./DATE
91425456 11.02.2019

JOB NO.
305256678

ODOMETER READING

Description : DATE OF ACCIDENT: 05.07.2018

S/No	Part No. Description	Oty	Unit Price	Net
01	20-501 TO PUTTY AND SPRAY PAINT FRONT BUMPER, LH FRONT FENDER AND AFFECTED AREAS	1 EAC	250.00 SGD	250.00
02	1979 FRONT BUMPER SIDE RETAINER LH	1 PC	9.60 SGD	9.60
03	1979 FRONT BUMPER LOWER SPOILER	1 PC	132.00 SGD	132.00
04	1979 FRONT BUMPER LOWER SPOILER CLIPS	1 PC	2.00 SGD	2.00
05	1979 FH FRT FENDER WHEEL ARCH GARNISH	1 PC	45.60 SGD	45.60
Items total				439.20
Add GST @			7.000 %	30.74
Invoice amount				469.94

- 1) WHILST 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 OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY C NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEP 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 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 DISCREPANC WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE CORRECT AND BINDING.

Cheque should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

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.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N
80411421	91425456	469.94	

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

Car Care Centres
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59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
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7 Sungei Kadut Way Singapore 728791
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Tel: 6369 7369
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ComfortDelGro Engineering
COMPANY REG. NO: 199506048W
GST REG. NO. M2-8921817

TAX INVOICE

80411421

LION CITY RENTALS PTE LTD

01-03 29 PAYA LEBAR ROAD

OPaya Lebar Office Centre SG 409005

VEHICLE NO
SLF2707HMAKE
HONDAMODEL
VEZELDATE OF REG
19.08.2016CHASSIS CODE
RU11204739INVOICE NO. /DATE
91425456 11.02.2019JOB NO.
305256678

ODOMETER READING

Issued by : SIEWHWA 11.02.2019 17:15:54
Repair type : CESO/52/5C
Payment Type/Term: /Credit 30 days

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Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.



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

Third Party Insurer Enquiry

Our Ref No: GR-18-102876

Date of Request: 05/07/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 05/07/2018
Enquiry By Kristy Tay Siew Hwa
TP Vehicle No. SKL737P
Accident Date 05/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKL737P	Lonpac Insurance Bhd	28/05/2018-27/05/2019	+65 62507388

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.

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	05/07/2018 11:38
Date Of Accident	05/07/2018 08:30
Exact Location Of Accident	JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2707H
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	INSURANCE@LIONCITYRENTALS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83473661

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5

Exact Purpose for which vehicle was being used at time of accident

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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SLF2707H

Cover Note Number

Driver

Name of Driver	ANG BOON TECK, JENSEN
NRIC No	S7837818B
Date Of Birth	09/12/1978
Occupation	INDOOR
Date Of Driving Pass	29/11/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83473661

Fax Number

Contact Number

E-Mail Address JENSENANG.CCL@GMAIL.COM

Address	BLK 327B ANCHORVALE ROAD #15-310
Postcode	542327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

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	SKL737P
Vehicle Make/Model/Colour	MERC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG CHEE CHIANG
NRIC/Passport Number	S7362217D
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.
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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.
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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.



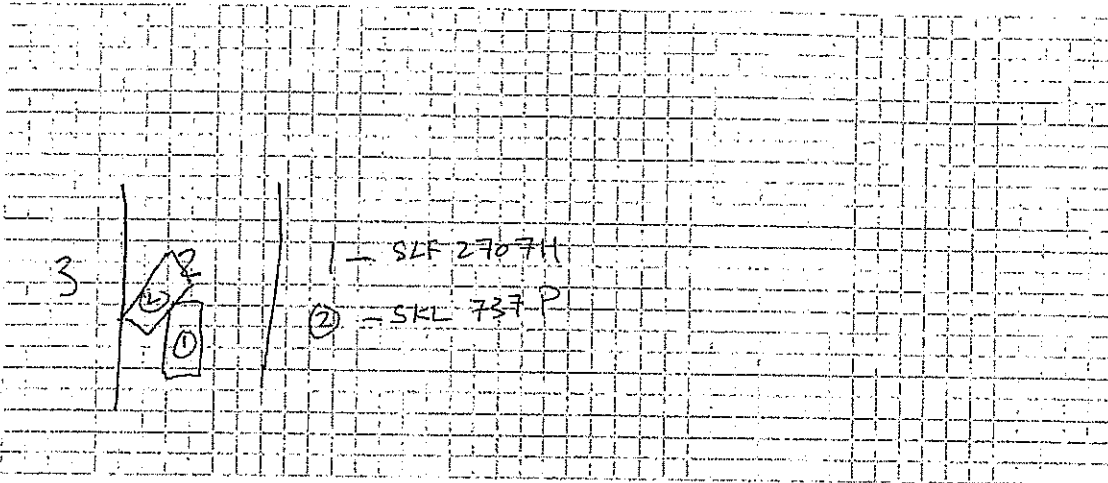
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car 1 Honda Vezel

Car 2 Merc

Heavy traffic at JB C1Q ~~out~~ going to Singapore.
This merc driver, instead of queuing at his lane, he cut into
Lane 2 from Lane 3. I stop my car and let him pass as
he kept squeezing into my lane. Then he manage to cut
into my lane but his side of the car brush thru my
~~base~~ front bumper.

Video footage can be provided.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 400

COMPREHENSIVE COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLF2707H	ALL CLAIMS EXCESS	S\$2000.00
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SLF2707H	
2) NAME OF INSURED		LCRF Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		25 February 2018	
4) DATE OF EXPIRY OF INSURANCE		24 February 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*	Any person who is driving on the Insured's order or with their permission.		
	If You or Your Authorized Driver is below the age of 21 years old and/or has less than 1 year driving experience, the excess is S\$3,500 (All Claims).		
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.			
6) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of Insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		Refer to Policy Terms and Conditions	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 13 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

030080-000
Aon Singapore Pte Ltd
2 Shenton Way
#26-01 SGX Centre 1
SINGAPORE 068804

Manila

AUTHORISED REPRESENTATIVE

SSPAHN

ORIGINAL

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SLF 27074 and (Third Party's Vehicle No.)
SKL 737P on 5/7/18 along JIB CHECKPOINT

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, LCRF PLO CLO *NRIC/Passport

No. _____ (Address)* _____

_____/ _____ a company

incorporate in Singapore and having its registered office at (Address)* _____

_____ owner of Vehicle Registered No. SLF 27074

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a company incorporated in Singapore and having its registered office at _____

_____s 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 _____ of the month of

_____, Year Two Thousand - _____ (20____)

Signed, Sealed & Delivered By



Customers Name: _____

NRIC No.: _____

Co's rubber Stamp

delete as appropriate. Insurance