



ComfortDelGro Engineering

Our Ref: PTE/SLK6917R/20180821/DS-CL

17/09/2018

India International Insurance Pte Ltd
C/O LKK Auto Consultants Pte Ltd
51 Ubi Avenue 1 #01-25
Singapore 408933
Attn: Motor Claims Department

Without Prejudice

Dear Sirs

ACCIDENT ON 21/08/2018 INVOLVING SLK6917R & SHA7771L ALONG CHANGI SOUTH AVE 2

We are the authorised repair workshop for the owner of vehicle, SLK6917R, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorized 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, SHA7771L, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	3,315.29
3. 10.0 days Loss of Rental @ \$75	750.00

(E&OE)	4,065.29

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 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
DID: 6214 8354 FAX: 6214 1843 Email: ceciliale@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

A member of

COMFORTDELGRO



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Corporate Office
205 Braddell Road
Singapore 579701
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www.cedge.com.sg

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45 Pandan Road Singapore 609286
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



ComfortDelGro Engineering
COMPANY REG. NO: 199506048W
GST REG. NO. M28021817

TAX INVOICE

8010032

INDIA INTERNATIONAL INSURANCE PTE L
IOB Building

64 CECIL STREET #04-00/06-00

SINGAPORE SG 049711

CONTACT NO: 62238122

VEHICLE NO
SLK6917R

MAKE
HONDA

MODEL
GRACE HYBRID

DATE OF REG
24.01.2017

CHASSIS CODE
GM41105440

INVOICE NO./DATE
91394259 06.09.2018

JOB NO.
305202874

ODOMETER READING

Description : TP - AIG - INDIA

S/No	Part No. Description	Oty	Unit Price		Net
01	20-501 LABOUR CHARGES	1 EAC	1,490.00	SGD	1,490.00
02	1979 FRONT BUMPER	1 PC	620.32	SGD	620.32
03	1979 FRONT BUMPER SIDE RETAINER LH	1 PC	14.88	SGD	14.88
04	1979 FRONT BUMPER CLIPS	10 PC	2.40	SGD	24.00
05	1979 LH FRONT FENDER EMBLEM HYBRID	1 PC	46.64	SGD	46.64
06	1979 HEADLAMP LH	1 PC	471.68	SGD	471.68
07	1979 RADIATOR GRILLE	1 PC	161.28	SGD	161.28
08	1979 FRONT BUMPER REINFORCEMENT	1 PC	244.00	SGD	244.00

- 1) WITHOUT 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 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 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 DISCREPANCY 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
8010032	91394259	3,315.29	

ComfortDelGro Engineering Pte Ltd

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

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59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
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ComfortDelGro Engineering

COMPANY REG. NO: 199506048W
GST REG. NO. M20021817

TAX INVOICE

8010032

INDIA INTERNATIONAL INSURANCE PTE L
IOB Building

64 CECIL STREET #04-00/06-00

SINGAPORE SG 049711

VEHICLE NO
SLK6917R

MAKE
HONDA

MODEL
GRACE HYBRID

DATE OF REG
24.01.2017

CHASSIS CODE
GM41105440

INVOICE NO./DATE
91394259 06.09.2018

JOB NO.
305202874

ODOMETER READING

S/No	Part No. Description	Qty	Unit Price	Net
------	-------------------------	-----	------------	-----

09	1979 HEADLAMP LOWER PANEL LH	1 PC	25.60 SGD	25.60
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Items total	3,098.40
Add GST @ 7.000 %	216.89
Invoice amount	3,315.29

Issued by : SIEWHWA 06.09.2018 14:50:45
Repair type : CESO/52/5T
Payment Type/Term: /Credit 30 days

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ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

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Attn: Finance Department

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N

SCHEDULE 1**1. Hirer's Details**

GOH SWEE GEK

S6841823B

(Hirer's Name)

(*NRIC/ Passport No.)

(Nationality)

217 LOYANG RISE SINGAPORE 507384

(Address)

(Mailing address, if different from above)

sunshinegoh@hotmail.com

(Email address)

81638266

07/11/68

(Telephone No.)

(Mobile No.)

(Date of Birth dd/mm/yy)

(Driver's Licence No.)

(Expiration Date) (Class(es) of Driver's Licence)

Please delete where applicable.*2. Vehicle Description**

Make & Model	Colour	Registration No.
HONDA GRACE HYBRID	WHITE	SLK6917R

3. Commencement Date and Minimum Rental Period

The **Minimum Rental Period** is for **26 Weeks** and commences on **18/12/17** the (being the date of collection of the Vehicle from LCR by the Hirer).

For the avoidance of doubt, the Minimum Rental Period is exclusive of any period where the Vehicle is being repaired due to an accident and the Hirer is not offered a Replacement Vehicle by LCR during such period. For example, if a Hirer has completed 2 weeks of the Minimum Rental Period, and the Vehicle is sent for repair for 2 weeks due to an accident, then only 2 weeks of the Minimum Rental Period has been fulfilled. As a result, the Hirer must still fulfill an additional 2 weeks to complete the Minimum Rental Period.

SCHEDULE 1A**1. Rental Plan**Weekly Rates**2. Deposit**500**3. Rental Fee & Charges**

- (a) The Rental Fee per week is S\$ 525.
- (b) Weekly Payment Fee: All weekly rental payments are due the following Wednesday at 17:00hrs and if the Wednesday falls on a Public Holiday, then the due date will be the next working day at 17:00hrs.
- (c) Late Payment Fee: All outstanding payments after the above mentioned day will be subject to a late payment fee of S\$60.
- (d) Cleaning Fee: S\$300. Not limited to Cigarette odour.
- (e) Vehicle Damage Fee: In cases where the Vehicle has been involved in an accident requiring repairs to the Vehicle, the Hirer will be responsible for the actual cost of repair to the Vehicle up to a maximum of S\$2,200 per accident.

4. Insurance Excess

In the event of an accident resulting in a claim made against or reported to LCR's insurers for damage to third party property (including other vehicles), the Hirer will be liable for any insurance excess* ("**Insurance Excess**") payable as a result.

The Insurance Excess is payable in addition to any other amounts that may be applicable under this Agreement.

** S\$2,140 or such other amount as notified to the Hirer by LCR from time to time*

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	21/08/2018 13:20
Date Of Accident	21/08/2018 09:20
Exact Location Of Accident	CHANGI SOUTH AVE 2 (ONE CHANGI BUILDING)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6917R
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584769
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE HYBRID-1.5 (A)

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	YES

Policy Number

Cover Note Number

Driver

Name of Driver	TAY WEE MENG
NRIC No	S1657369H
Date Of Birth	16/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92704477

Fax Number

Contact Number

Email Address TWMGSG@SINGNET.COM.SG

Address BLK 769 PASIR RIS ST 71 #10-340

Postcode 510769

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RELIEF DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1

NAME: 1 PASSENGER

GENDER: MALE

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 REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: NOT UPLOADED

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7771L

Vehicle Make/Model/Colour HYUNDAI TAXI/COMFORT TAXI

Details Of Properties

Vehicle Category TAXI

Name of Driver CHEONG YIM YONG

NRIC/Passport Number S1695035A

Contact Number 96708069

Address

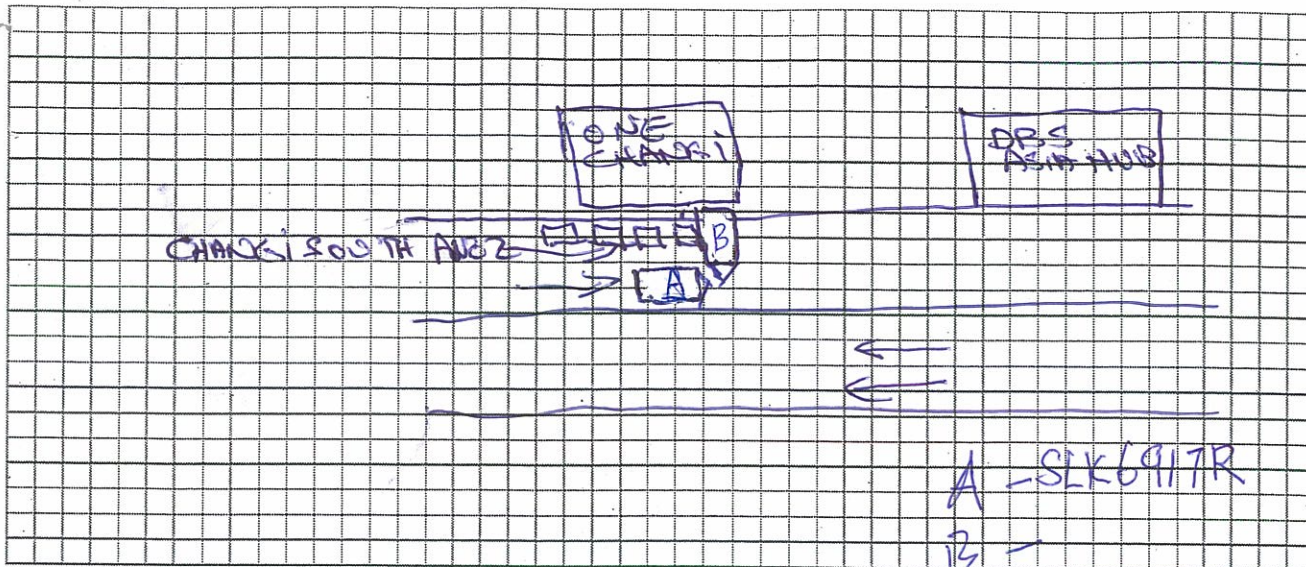
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS SENDING THE RIDER TO HIS DESTINATION AT DBS ASIA HUB.

A COMFORT TAXI JUST DROVE OUT FROM THE BUILDING ONE @ CHANGI TURNING RIGHT WITHOUT OBSERVING TRAFFIC. THOUGH TRAFFIC WAS HEAVY I HAD NO TIME TO STOP MY VEHICLE WHEN THE TAXI JUST DROVE OUT FROM THE BUILDING.

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.:

21/8/18

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:

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


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1657369H**
 Name: **TAY WEE MENG**
 Birth Date: **16 Nov 1964**
 Issue Date: **04 Jul 2003**

000625308H

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1657369H**



Name: **TAY WEE MENG**
 郑伟明
 Race: **CHINESE**
 Date of Birth: **16-11-1964** Sex: **M**
 Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


PASS DATE
02 Jun 1982

NP 428A



0911121

NRIC No. **S1657369H**



Blood Group: **B+** Date of issue: **22-04-1982**

APT BLK 769 PASIR RIS STREET 71 #10-340
 SINGAPORE 510769
 NRIC No: S1657369H Date: 11/05/2017 (R)



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)

M.Z.400

		(The below excess is subject to GST)	
COMPREHENSIVE COMMERCIAL MOTOR		ALL CLAIMS EXCESS	S\$2000.00
CERTIFICATE NO.	SLK6917R	WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
		SLK6917R	
		LCRF Pte Ltd	
1) VEHICLE REGISTRATION NO.		25 February 2018	
2) NAME OF INSURED		24 February 2019	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
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 Authorised 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

Marile

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPAHN

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SLK 6917R and (Third Party's Vehicle No.)
SHA 7771L on 21/8/18 along Changi South Ave 2
(One Changi Building)

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, LCRF Pte Ltd *NRIC/Passport

No. _____ (Address)* _____

_____/ _____ a company

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

_____, owner of Vehicle Registered No. SLK 6917R

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

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 _____ of the month of _____, Year Two Thousand - (20____)

Signed, Sealed & Delivered By



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

delete as appropriate. Insurance