## **AUTHORISATION TO ACT**

I / We,	of 20 UBI ROHD 4 \$02-08 (address)
A 0	(address)
THINKONE BUILDING (408622)	
	(vehicle number)
hereby authorised THINK ONE AUTOCARE PTE. LTD ("the workshop) to act for me	
with respect to my claim for repair costs and/or rental a	A MANUAL DESCRIPTION OF REPORT AND ADDRESS AND ADDRESS AND AND ADDRESS AND ADD
vehicle no. PC5745X that was damage	ed pursuant to the accident which
occurred on 01.12.2018 along 60 YISHYN	CENTRIAL
(date)	
involving vehicle number(s) SHB99945	("the other party").
ZOM SOUL CONTRACTOR AND	
I/We further authorised the workshop to settle my abov	
they deem fit and the workshop is further authorised to	receive payment further to settlement
of my claim with payment cheque(s) being made in favo	our of the workshop.
I/We further acknowledge that any cottlement the work	schon may reach on my bohalf is on
I/We further acknowledge that any settlement the workshop may reach on my behalf is on	
a without prejudice and without admission of liability ba	asis insofar as the driver / owner /
insurers of the other vehicle(s) is concerned.	
*Should the case could not reach to a settlement, I / We authorised Think One Autocare to proceed with all the necessary legal means and should this case failed,	
I/WE THINKONE CEASING PTE CTD	agreed and will bear / pay
all the repair costs and legal fees costs due inccured by Think One Autocare Pte Ltd	
Dated this (day) of DECAY BERmonth) 20 18 (year)	
Dated this (day) of Lecture O	(month) 20 (year)
0.*	Think One Autocare Pto
Will will be a second of the s	18 Defu Lane Avenue 2 //
H. C.	Singapore 539522 Tel: 6844 3300 Fax: 6842
X	161. 00
Signed by "the third party claimant"	Signed by "the workshop"

(with company stamp)

(with company's stamp if applicable)