Letter of Authorisation & Indeminity

Accide	nt Involving Vehicle no. $\frac{52.068}{2000}$ and $\frac{548.953}{2000}$	or 0n 12/01/2019	
At	Ber Lemee Row		
1.	1/We, the owner of vehicle no. SCQ5068	hereby instruct and authorize ("the workshop"	
	to commence repairs to the said vehicle. Pending the outhird party, I/we forthwith pay you the sum of \$	stcome of my/our claim against the	
2.	repair to my/our said vehicle. Your are further authorized to appoint solicitors on my/or	ur behalf and give the solicitors ful	
2.	instructions as if the appointment is made and instructions the conduct of my/our claim against the third party drinecessary, to commence legal proceedings in court in my/our claim against the third party drinecessary.	s are given by me/us with respect to ver and/or his insurers including in	
3.	You have my/our full authority to instruct my/our solicito		
4.	third party and/or his insurers on such terms as you deem full Upon resolving my/our claim, you are authorized to a		
	amount of their professional costs and disbursement for payment of the balance of the settlement sum on my/our the event that my/our claim or legal costs of the third parand disbursements of my/our solicitors notwithstanding the by you on our behalf.	or acting for me/us and to receive behalf directly into your account. Ir rty as well as the professional costs	
5.	# 1 전에 하는 1 H (2) H (2) H (2) H (3) H (3) H (3) H (3) H (3) H (4) H (4) H (4) H (4) H (5)		
6.	In the event that I/we am/are required to attend at my/our	solicitors office or to attend court in	
7	connection with my/our claim, I/we shall render full co-op	eration.	
7.	In the event that my/our claim against the third party and cannot be proceeded with and/or if any Judgement or set by the third party, I/we authorise you to revert the claim cost of repairs and any other losses recoverable under respect, I/we understand and accept that the excess a insurance shall be borne by me/us.	tlement is not honoured or satisfied against my/our own insurers for the my/our policy of insurance. In this	
8.			
9.	I/we shall keep you informed of any correspondences and	or summons that I may receive due	
	to this action agreeing to pay or receive any monies due to	this claim.	
	Dated this day of	20(9	
Signatu	are of vehicle owner		
Name -		Witnessed by:	
IC No:		Suhaimi	
(Compa	any stamp, if applicable)		
Address	s: 7 Uh Clare, Aprine		
Cenh	re, sipore 408604		
Tel :	65113021		

Authorization To Act

I, April (at Rental Pte Cts ("the third party claimant") of 7 4h (lose, Aprile Coshe, Spore 408604" (vehicle no.) hereby			
(address), owner of SLasolb (vehicle no.) hereby			
authorize lot Autowals Pte Cts			
("the workshop") to act for me with respect to my claim for repair			
costs and/or rental and/or loss of use ("claim") for my vehicle			
no. 50068 that was damaged pursuant to the accident which			
occurred on 12/01/2019 (date) along Bendence At			
occurred on 12/01/2019 (date) along Bendence Az (location) involving			
vehicle no/s JHB4330Y			
("the accident").			
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.			
I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is concerned.			
Dated this day of (month) 20 (year)			
Suhaimi Ong			

Signed by "the workshop"

Signed by "the third party claimant"