

PTE/FZ656A/20190211/DS-CL  
12/06/2020

M/s AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way  
AIG Building, #08-16  
Singapore 079120  
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 11/02/2019 INVOLVING FZ656A & SLF1936U  
ALONG AYE TOWARDS TUAS EXIT CLEMENTI AVE 6

We are the authorised repair workshop for the owner of vehicle, FZ656A , 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, SLF1936U, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	1,391.00
2. Car Rental	-
3. 4.0 days Loss of Use @ \$50	200.00
4. Surveyor Fee	-
5. LTA Fee	7.49
6. TP/GIA Fee	-
7. Medical	-
8. Others	-

-----  
(E&OE) 1,598.49

We enclose the following documents to support the claims: -

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Repair/Excess Bill   | <input checked="" type="checkbox"/> Insurance Certificate |
| <input checked="" type="checkbox"/> Surveyor Report      | <input checked="" type="checkbox"/> Power of Attorney     |
| <input checked="" type="checkbox"/> Coloured Photographs | <input checked="" type="checkbox"/> Car Rental Bill       |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input checked="" type="checkbox"/> Medical Bill          |
| <input checked="" type="checkbox"/> GIA/TP Search        | <input checked="" 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.cdge.com.sg

**Car Care Centres**  
205 Braddell Road Singapore 579701  
59 Loyang Drive Singapore 508969  
45 Pandan Road Singapore 609286  
383 Sin Ming Drive Singapore 575717  
7 Sungle 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

**TAX INVOICE**

GST REG. NO. M2-8921817-5

COMPANY REG. NO: 199506048W

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

SHENTON WAY.AIG BUILDING #07-16 #78  
SG 079120

CONTACT NO: 64193000

PO NUMBER: DOA 11.02.2019

VEHICLE NO

FZ 656A

MAKE

HONDA

MODEL

CB400SFV

INVOICE NO./DATE

91507916 28.05.2020

JOB NO.

305385809

ODOMETER READING

DATE/TIME IN

06.03.2020 09:50

DATE/TIME OUT

16.04.2020 12:17

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
01	TO REPAIR ON LUMP SUM BASIS	1 EAC	1,300.00	NA	1,300.00

Total Amount

Add GST

7.00 %

Net Amount Payable

1,300.00

91.00

1,391.00

Issued by  
Repair Type  
Payment term

: DEVMCS04 28.05.2020 13:28:28  
: CUSO/52/5T  
: /Z030

- 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 GIVE 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 THE 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.

PAGE: 1 OF 1

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 No.
8010004	91507916		

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLF1936U	11 Feb 2019 / 08:00:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)



Thank you

Teo Chin Chye has successfully logged out.

Your last login date and time was 20 Mar 2019, 14:22:26.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

### Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SLF1936U -		18.32 Insurance Enquiry (GIRO Payment)	7.49	20 Mar 2019 / 14:25:19

## 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 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 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	11/02/2019 13:41
Date Of Accident	11/02/2019 08:00
Exact Location Of Accident	AYE TOWARDS TUAS EXIT OF CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ656A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AETOS SECURITY MANAGEMENT PTE LTD
Co Reg No	200208601N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87800152

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

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 MOTORCYCLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19092518MFCE/1
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ROHAIZAT BIN OSMAN
NRIC No	S9347772C
Date Of Birth	15/12/1993
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87800152
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 760 WOODLANDS AVE 6 #07-10
Postcode	730760
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	D-19092518MFCE/1
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

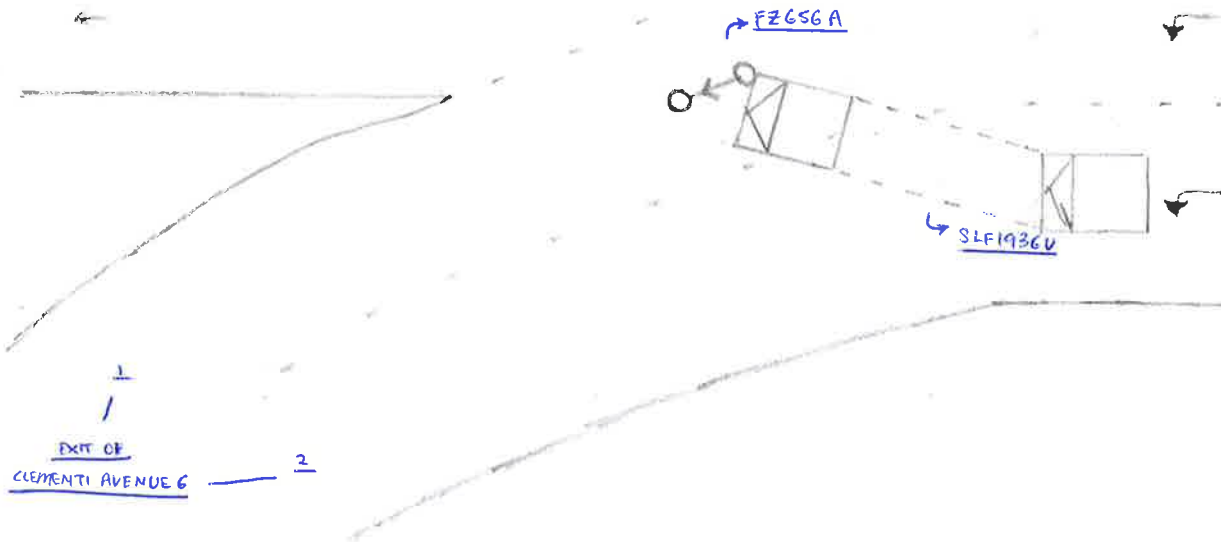
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1936U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SADANAND VARMA
NRIC/Passport Number	S1352991D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

← AVE TOWARDS TUAJ →

## SKETCH PLAN

SLIP ROAD ONTO  
WEST COAST WAY



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11/02/2019, @ 0800 HRS, I WAS TRAVELLING ALONG AVE TOWARDS TUAJ, EXIT OF CLEMENTI AVENUE 6, ALONG LANE 1 OF THE TWO LANES, WHILE SLF1936U WAS TRAVELLING ALONGSIDE MY VEHICLE ALONG LANE 2.

UPON NEGOTIATING THE LEFT BEND, HIS VEHICLE ENTERED MY LANE DESPITE BEING ON THE LEFT TURNING LANE. I HAD NO TIME TO REACT AND MY VEHICLE WAS HIT FROM THE LEFT SIDE BY HIS RIGHT FRONT BUMPER.

I MANAGED TO CONTROL MY VEHICLE & STOPPED AT THE ROADSIDE TO APPROACH SAID DRIVER.

UPON CHECKING WITH THE DRIVER, I WAS INFORMED THAT IT WAS A LEASE VEHICLE & I WAS TOLD BY THE CAR COMPANY TO LODGE A REPORT.

IN-CAR-CAMERA WAS AVAILABLE & RECORDING IN THE SAID CAR.

## DECLARATION

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



Policyholder 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

### 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.:





# SINGAPORE POLICE FORCE



D/20190211/7001

1 of 3

## POLICE REPORT (NP299)

Report No. D/20190211/7001

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 11/02/2019 09:22	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ROHAIZAT BIN OSMAN	Address APT BLK 760 WOODLANDS AVENUE 6 #07-10 SINGAPORE 730760	
ID Type / ID No. NRIC NO / S9347772C	Contact No. Home/Office: Mobile: 87800152	
Nationality SINGAPORE CITIZEN	Email Address izatlokolokoo@gmail.com	
Occupation Auxiliary police officer	Sex Male	Age 25
Institution/School Name	Date of Birth 15/12/1993	Race Malay
Date/Time Of Incident 11/02/2019 08:00 - 11/02/2019 08:05	Location Of Incident AYER RAJAH EXPRESSWAY	

### Brief details.

Minor road traffic accident involving myself FZ656A (company motorcycle) & SLF1936U (other party).

Filing the police report for claiming purposes.

On 11/02/2019 @ 0800 hours, I was travelling along AYE towards Tuas, exit of Clementi Avenue 6, along lane 1 of the two lanes, while SLF1936U was travelling alongside my vehicle at lane 2.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 09:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20190211/7001

2 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20190211/7001

Upon negotiating the left bend, his vehicle entered my lane despite being on the left turning lane. I had no time to react and my vehicle was hit from the left side by his right front bumper.

I managed to control my vehicle and stopped at the roadside to approach driver.

Upon checking with the driver, i was informed that it was a lease vehicle and i was told by the car company to lodge a report.

In-car-camera was available and recording in the said car.

Particular of the said driver ;

Name : Sadanand Varma

I/C : S1352991D

H/P : 97882941

Unable to upload photo file into the system for some reason.

Subjects Involved			
Suspect			
Person Name	Sadanand Varma		
ID Type	NRIC NO	ID No	S1352991D

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 09:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20190211/7001

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20190211/7001

Gender	Male	Race	Indian
Language	English	Mobile No	97882941
Relation To Informant	Car driver involved in the RTA		
Victim			
Person Name	MUHAMMAD ROHAIZAT BIN OSMAN		
ID Type	NRIC NO	ID No	S9347772C
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Auxiliary police officer	Address Type	
Address	APT BLK 760 WOODLANDS AVENUE 6 #07-10 SINGAPORE 730760	Mobile No	87800152
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD ROHAIZAT BIN OSMAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 09:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**CERTIFICATE OF INSURANCE**

ORIGINAL

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)

Type of Policy. : MOTOR CYCLE INSURANCE - FLEET  
Type of Cover. : Comprehensive  
Certificate No. : D-19092518MFCE/1  
Vehicle No / Chassis No : FZ656A / JH2NC39914M020036  
Name of Insured : AETOS SECURITY MANAGEMENT PTE LTD  
Period Of Insurance : 01.01.2019 To 31.12.2019  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : N.A

**Excess :**

SGD500.00 SECTION I  
AN EXCESS OF SGD3,000.00 ON SECTION I IS IMPOSED ON THOSE DRIVERS WHO ARE  
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

**Authorised Driver\***

ANY AUTHORISED RIDERS

**Persons or classes of persons entitled to drive\***

Any person provided he is in the Insured's employ and is driving on their 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.

**Limitations as to use\***

- (a) Use only for the Insured's business or profession.  
(b) Use for social domestic and pleasure purposes by the Insured.

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing.

\* 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)

MS First Capital Insurance Limited  
(Approved Insurers)

LILIA/B0009/MY100

Issued at Singapore on 27.12.2018

  
Authorised Signature

# COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORT DELGRO

## POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) FZ 656 A and (Third Party's Vehicle No.)  
SLF 19364 on 11.02.2019 along Aye Toward Tan Exit  
of Jemari Ave 6

Policy Nos: \_\_\_\_\_

BY THIS POWER OF ATTORNEY, \*I/We, Aetos Security Management P/L \*NRIC/Passport

No. 200208601N (Address)\* \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ a company

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

\_\_\_\_\_ owner of Vehicle Registered No. \_\_\_\_\_

\_\_\_\_\_ 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