

## Volkswagen Centre Singapore



Biz Reg. No. 53103069E  
GST No. M20098505-2

**LETTER OF AUTHORITY**

ACCIDENT INVOLVING SKJ18P3D and SKS2573U on 25/4/2019  
Own vehicle's number Other vehicle's number Date of accident  
 along 1 Tampines Hub  
Accident location

BY THE LETTER OF AUTHORITY, I/we, CHIARA LEE JIA YING  
Name of Policy Holder & IC / Passport number  
 of T1621517H owner of Vehicle Registration

Number SKJ18P3D hereby irrevocable appoint **Volkswagen Centre Singapore**  
Own vehicle's number  
 (hereinafter refer to VGS), a company incorporated in Singapore and having its registered office at **247 Alexandra Road, Singapore 159934**, its agents of any person authorized by VGS to be \*my / our Attorney and in \*my / our name(s) 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 number \_\_\_\_\_ taken up by \*me/us and pay the **compulsory excess** in respect of the cost repairs suffered by \*me/us arising from the Accident (loss and damage)/.
2. 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 favour of **Volkswagen Centre Singapore** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

\*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on \*my/our behalf by the Attorney, its agents or any person authorized by VGS 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 **letter of authority hereby conferred shall remain irrevocable.**

\*I/We further confirm that the acceptance by VGS 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 sign this 15 of the month 10 Year 2019.

Signed & Delivered By:

Chiara Lee

Policy Holder

Witness By:



# Volkswagen Centre Singapore



Biz Reg. No. 53103069E  
GST No. M20098505-2

## LETTER OF AUTHORITY

ACCIDENT INVOLVING SKJ1883D and SKS25734 on 25/4/2019  
Own vehicle's number Other vehicle's number Date of accident  
along 1 Tampines Hub  
Accident location

BY THE LETTER OF AUTHORITY, I/we, CAELAN LEE ZHEN LIN  
Name of Policy Holder & IC / Passport number  
of T13131034 owner of Vehicle Registration

Number SKJ1883D hereby irrevocable appoint **Volkswagen Centre Singapore**  
Own vehicle's number  
(hereinafter refer to VGS), a company incorporated in Singapore and having its registered office at **247 Alexandra Road, Singapore 159934**, its agents of any person authorized by VGS to be \*my / our Attorney and in \*my / our name(s) 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 number \_\_\_\_\_ taken up by \*me/us and pay the compulsory excess in respect of the cost repairs suffered by \*me/us arising from the Accident (loss and damage)/.
2. 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 favour of **Volkswagen Centre Singapore** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

\*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on \*my/our behalf by the Attorney, its agents or any person authorized by VGS 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 **letter of authority hereby conferred shall remain irrevocable.**

\*I/We further confirm that the acceptance by VGS 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 sign this 15 of the month  
10 Year 2019.

Signed & Delivered By:

Caelan Lee

Policy Holder

Witness By:





# Volkswagen Centre Singapore



Biz Reg. No. 53103069E  
GST No. M20098505-2

## LETTER OF AUTHORITY

ACCIDENT INVOLVING SKJ1883D and SKS2573U on 25/4/2019  
Own vehicle's number Other vehicle's number Date of accident  
along 1 Tampines Hub  
Accident location

BY THE LETTER OF AUTHORITY, I/we, HONG SAN FUN  
Name of Policy Holder & IC / Passport number  
of S7668294A owner of Vehicle Registration

Number SKJ1883D hereby irrevocable appoint **Volkswagen Centre Singapore**  
Own vehicle's number

(hereinafter refer to VGS), a company incorporated in Singapore and having its registered office at **247 Alexandra Road, Singapore 159934**, its agents of any person authorized by VGS to be \*my / our Attorney and in \*my / our name(s) 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 number \_\_\_\_\_ taken up by \*me/us and pay the compulsory excess in respect of the cost repairs suffered by \*me/us arising from the Accident (loss and damage)/.
2. 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 favour of **Volkswagen Centre Singapore** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

\*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on \*my/our behalf by the Attorney, its agents or any person authorized by VGS 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 **letter of authority hereby conferred shall remain irrevocable.**

\*I/We further confirm that the acceptance by VGS 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 sign this 15 of the month

10 Year 2019

Signed & Delivered By:

Policy Holder

Witness By:



Blk 824 Tampines St 81 #01-26 Singapore 520824  
Tel: 6909 0324 | Email: [hello@truemedical.sg](mailto:hello@truemedical.sg)  
Co Reg No: 201726466D

**CAELAN LEE ZHEN LIN - T1313103H**  
735 TAMPINES STREET 72 #06-18  
SINGAPORE 520735

**Invoice #21957**  
Date 25/04/19  
Ref No 07697

**Invoice**

Provider: Dr Yuen ZY

Item	Qty	Unit Cost	Sub Total
Consultation (Weekday PM)	1	\$16.00	\$16.00
Memo	1		\$0.00
Sub-Total:			<b>\$16.00</b>
Total:			<b>\$16.00</b>

All services & medication are strictly non-refundable.

NETS	\$16.00	25 Apr 19
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**Outstanding Balance: \$0.00**

**True Medical Clinic Tampines West**  
Blk 824 Tampines St 81  
#01-26 Singapore 520824  
Tel: 6909 0324 Fax: 6909 0325  
[hello@truemedical.sg](mailto:hello@truemedical.sg)

Blk 824 Tampines St 81 #01-26 Singapore 520824  
Tel: 6909 0324 | Email: [hello@truemedical.sg](mailto:hello@truemedical.sg)  
Co Reg No: 201726466D

**CHIARA LEE JIAYING - T1621517H**  
735 TAMPINES STREET 72 #06-18  
SINGAPORE 520735

**Invoice #21956**  
Date 25/04/19  
Ref No 07696

**Invoice**

Provider: Dr Yuen ZY

Item	Qty	Unit Cost	Sub Total
Consultation (Weekday PM)	1	\$16.00	\$16.00
Memo - Insurance Company	1		\$0.00
Memo - Polyclinic	1		\$0.00
Sub-Total:			<b>\$16.00</b>
Total:			<b>\$16.00</b>

All services & medication are strictly non-refundable.

NETS	\$16.00	25 Apr 19
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**Outstanding Balance: \$0.00**

**True Medical Clinic Tampines West**  
Blk 824 Tampines St 81  
#01-26 Singapore 520824  
Tel: 6909 0324 Fax: 6909 0325  
[hello@truemedical.sg](mailto:hello@truemedical.sg)



Blk 824 Tampines St 81 #01-26 Singapore 520824  
Tel: 6909 0324 | Email: hello@truemedical.sg  
Co Reg No: 201726466D

**HONG SAU FUN - S7668294A**  
735 TAMPINES STREET 72 #06-18  
SINGAPORE 520735

**Invoice #21955**  
Date 25/04/19  
Ref No 07695

**Invoice**

Provider: Dr Yuen ZY

Item	Qty	Unit Cost	Sub Total
Anarex	20	\$0.25	\$5.00
Kefentech plasters	1	\$8.00	\$8.00
Memo	1		\$0.00
Consultation (Weekday PM)	1	\$16.00	\$16.00
Sub-Total:			<b>\$29.00</b>
Total:			<b>\$29.00</b>

All services & medication are strictly non-refundable.

NETS	\$29.00	25 Apr 19
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**Outstanding Balance: \$0.00**

**true Medical Clinic Tampines West**  
Blk 824 Tampines St 81  
#01-26 Singapore 520824  
Tel: 6909 0324 Fax: 6909 0325  
hello@truemedical.sg

Blk 824 Tampines St 81 #01-26 Singapore 520824  
Tel: 6909 0324 | Email: [hello@truemedical.sg](mailto:hello@truemedical.sg)  
Co Reg No: 201726466D

**LEE TECK SEONG - S7578309D**  
735 TAMPINES STREET 72 #06-18  
SINGAPORE 520735

**Invoice #21954**

Date 25/04/19

Ref No 07694

**Invoice**

Provider: Dr Yuen ZY

Item	Qty	Unit Cost	Sub Total
Arcoxia 120mg	10	\$3.00	\$30.00
Omeprazole 20mg	10	\$0.80	\$8.00
Kefentech plasters	1	\$8.00	\$8.00
Neuroforte	30	\$0.20	\$6.00
Consultation (Weekday PM)	1	\$16.00	\$16.00
Memo	1		\$0.00
Sub-Total:			<b>\$68.00</b>
Total:			<b>\$68.00</b>

All services & medication are strictly non-refundable.

NETS	\$68.00	25 Apr 19
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**Outstanding Balance: \$0.00**

**true Medical Clinic Tampines West**  
Blk 824 Tampines St 81  
#01-26 Singapore 520824  
Tel: 6909 0324 Fax: 6909 0325  
[hello@truemedical.sg](mailto:hello@truemedical.sg)