

AUTHORISATION LETTER TO CLAIM MEDICAL BILLS

I/We, LIM YAN HAN ("the third party claimant") of
BLK 107 PAIR RIL GROVE #11-20 S (S18198) (address),
owner/driver/passenger of SLN4036E (vehicle no.) hereby authorize
KT GARAGE PTE LTD ("the workshop") to act for me with respect to my
claim for medical bills ("claim") pursuant to the accident which occurred 11/12/2019
(date) along FARER ROAD & QUEENSWAY (location) involving vehicle no/s
ONS321J ("the accident").

I/We, also confirmed that we will not be making any Injury claim and will only claim for the medical bills related to this accident.

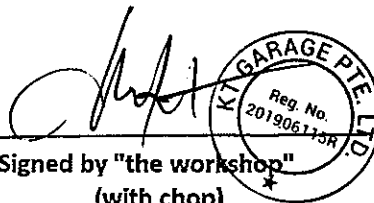
I/We further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 14 (day) of July (month) 2020 (year)



Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)