F-1 AUTOCLINIC PTE LTD 25 KAKI BUKIT ROAD 4 # 05-26 SYNERGY @KB Singapore 417800

Date: ___

Dear Sir,	
Accident on 17.03.20 @	0850HRS
Involving Vehicle Nos_	GBA8744E & SHA2981E
Along	JUNCTION OF LAVENDER ST
1/We.the registered own	er /driver of vehicle registration no:GBA8744E
have involved in the abo I/We hereby authoriz forthwith.	te M/S F-1 AUTOCLINIC PTE LTD to commence repairs of the said vehicle
matter. And if applicable,	whole proceeds of my/our comprehensive/third party claim to you and our to act on my/our behalf in respect of the above my/our solicitors shall accept this as my/our irrevocable authority to pay empensated direct to you after deduction of their costs on a Solicitor and
I/We undertake to co-ope	erate fully with you and our solicitors to ensure that claim is successful.
I/We also authorize you t relation with the above of	to sign all discharge vouchers/indemnity forms and all necessary papers in laim in my/our absence.
Your kind co-operation in Thank you.	this matter will be much appreciated.
Yours truly.	
A Property of the state of the	
Owner's Signature Company's stamp if appli	icable)
Name: HOSSIN MD WASH	
NRIC No: GXXXXX591	R