



## CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.  
TEL: 6453 1235, 6452 0850 FAX: 6453 7944  
24hrs Towing Services Tel: 9823 9898  
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

### RE: LETTER OF AUTHORIZATION

Name of owner: FOCUS RENTALS PTE. LTD. NRIC: 201836450G  
Address: 26 SIN MING LANE # 05-114 MIDVIEW CNY SINGAPORE 573971  
Name of Driver: SHAW GORDON NRIC: S7921676C  
Address: APT BLK 468 ANG MO KIO AVE 10 # 03-974 SINGAPORE 564468  
Accident on 13/06/2020 Involving SLB 2356H AND SMQ6235L  
At/along JUNCTION OF AMK AVE 3 & CTE (AMK CENTRAL FLYOVER)

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle TOYOTA VIOS  
at my/our request I/We the above owner of Motor Vehicle No: SMQ6235L do authorize  
them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party  
or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of  
use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said  
accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further  
authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our  
behalf concerning the said claim and such, all future correspondence should be addressed to the  
said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a  
valid discharge voucher or any other documents in connection with this on my/our behalf and for  
me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject  
to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises  
therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of  
repairs to my motor vehicle.

Owner Signature: [Signature]

Name: [Signature]

Date: [Signature]



CITY AUTO PTE LTD  
Witness Signature: [Signature]  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Name: [Signature]  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)  
Date: [Signature]