

PTE/SKX4822L/20200916/DS-CL
09/10/2020

M/s MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 16/09/2020 INVOLVING SKX4822L & SHD6937S
ALONG STILL ROAD

We are the authorised repair workshop for the owner of vehicle, SKX4822L, 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, SHD6937S; we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	6,794.50
2. 4.0 days Car Rental @ \$117.7	470.80
3. 1.0 day Loss of Use @ \$80	80.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	-
7. Medical	-
8. Others	-

(E&OE) 7,345.30

We enclose the following documents to support the claims: -

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

205 Braddell Road S(579701)

DID: 6383 7824

FAX: 6281 5767

Email: ceciliale@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 508669

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 608286

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 Sungei 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

COMPANY REG. NO: 199506048W

TAX INVOICE

GST REG. NO. M2-8921817-3

8010024

VEHICLE NO
SKX4822L

INVOICE NO./DATE
91527470 08.10.2020

COMPANY MS FIRST CAPITAL INSURANCE LTD

MAKE
TOYOTA

JOB NO.
305424277

ROBINSON ROAD, CITY HOUSE #16-01 #36
SG 068877

MODEL
COROLLA ALTIS 1.6

ODOMETER READING

CONTACT NO: 62222311

PO NUMBER: DOA 16.09.2020

DATE/TIME IN
23.09.2020 16:03

DATE/TIME OUT
02.10.2020 15:30

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
01	BONNET	1 PC		NA	
02	LHF HEADLAMP	1 PC		NA	
03	LHF FENDER	1 PC		NA	
04	FRONT BUMPER	1 PC		NA	
05	FRONT BUMPER CLIPS	15 PC		NA	
06	FRONT BUMPER SIDE RETAINER LH	1 PC		NA	
07	LHF FENDER COWLING	1 PC		NA	
08	LHF FENDER COWLING CLIPS	8 PC		NA	

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT 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 2

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.
8010024	91527470		

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 Sungei Kadut Way Singapore 728791
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Tel: 6383 8110
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Tel: 6369 7369
Tel: 6848 5721



ComfortDelGro Engineering

COMPANY REG. NO: 199506048W

TAX INVOICE

GST REG. NO. M2-8921817-3

INVOICE NO./DATE
91527470 08.10.2020

S/NO	DESCRIPTION	QTY	UNIT PRICE (S\$)	DISCOUNT	NET PRICE (S\$)
09	LHF FENDER DUAL VVT-I WORDING	1 PC		NA	
10	HEADLAMP CHROME MOULDING LH	1 PC		NA	
11	RESONATOR TANK	1 PC		NA	
12	RESONATOR TANK TUBE LOWER	1 PC		NA	
13	RHF HEADLAMP	1 PC		NA	
14	TO REPAIR ON LUMP SUM BASIS	1 EAC	6,350.00	NA	6,350.00

Total Amount		6,350.00
Add GST	7.00 %	444.50
Net Amount Payable		6,794.50

Issued by : DEVMCS12 08.10.2020 08:41:51
Repair Type : CUSO/52/5T
Payment term : /Z030

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PAGE: 2 OF 2

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

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

GST REG No. : M2-0044678-0

TAX INVOICE

Invoice No. : R0246253TD

Account No. : CR9Y003526
Hirer's Name : Ms Yap Wel Ling Evelyn c/o CDGE Ubi
Name 2 :
Address : 320 Ubi Rd 3

Country : Singapore Postal : 408649
Attention : Ms Tinie Ng

RA Ref No. : CR-20-145383
Invoice Date : 02-October-2020

Driver Name : Ms Yap Wel Ling Evelyn c/o CDGE Ubi
Name 2 :

Vehicle No. : SMK0745Y
VA No. : 111 4612
Model Type : NISSAN SYLPHY 1.6 A
Start Date : 28-Sep-2020 15:00
End Date : 02-Oct-2020 15:45
Duration :
Mileage In : 10662
Mileage Out : 10509
Repl Mileage : 0
Km travelled : 153

Payment : InternetBanking

Description

Car Rental

Amount (SGD)

\$440.00

Sub Total : \$440.00

Add GST 7.00% : \$30.80

Total Invoice Amount : \$470.80

Remarks

Original Car No.: SKX4822L. Ref: Ms Tinie

IMPORTANT

- Please quote the Invoice number when making payment.
- Payment should be made payable to ComfortDelGro Rent-A-Car Pte Ltd.

Bank Name : Citibank N.A.
Bank Account No. : 0818385005
Bank / Branch Code : 7214/001
Swift BIC : CITISGSGXXX
Swift Code : CITISGSG

- Payment advice to : accounts@cdgrentacar.com.sg

- Sales Person : Operations

Scan & Pay
via PayNow



UEN : 198105775H

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	16/09/2020 11:21
Date Of Accident	16/09/2020 07:30
Exact Location Of Accident	STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4822L
Insured/Policyholder	
Name Of Registered Owner	EVEL YNN YAP WEI LING
NRIC No	SXXXX268A
Email Address	EVELYNNYAP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97325664
Alternative Phone No	OTHERS-97325664

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B300233895QMY
Cover Note Number	

Driver

Name of Driver	EVEL YNN YAP WEI LING
NRIC No	SXXXX268A
Date Of Birth	07/10/1979
Occupation	INDOOR
Date Of Driving Pass	08/07/1999
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97325664
Fax Number	
Contact Number	OTHERS-97325664
Email Address	EVELYNNYAP@HOTMAIL.COM

Address	BLK 833 TAMPINES ST 83 #09-32
Postcode	520833
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

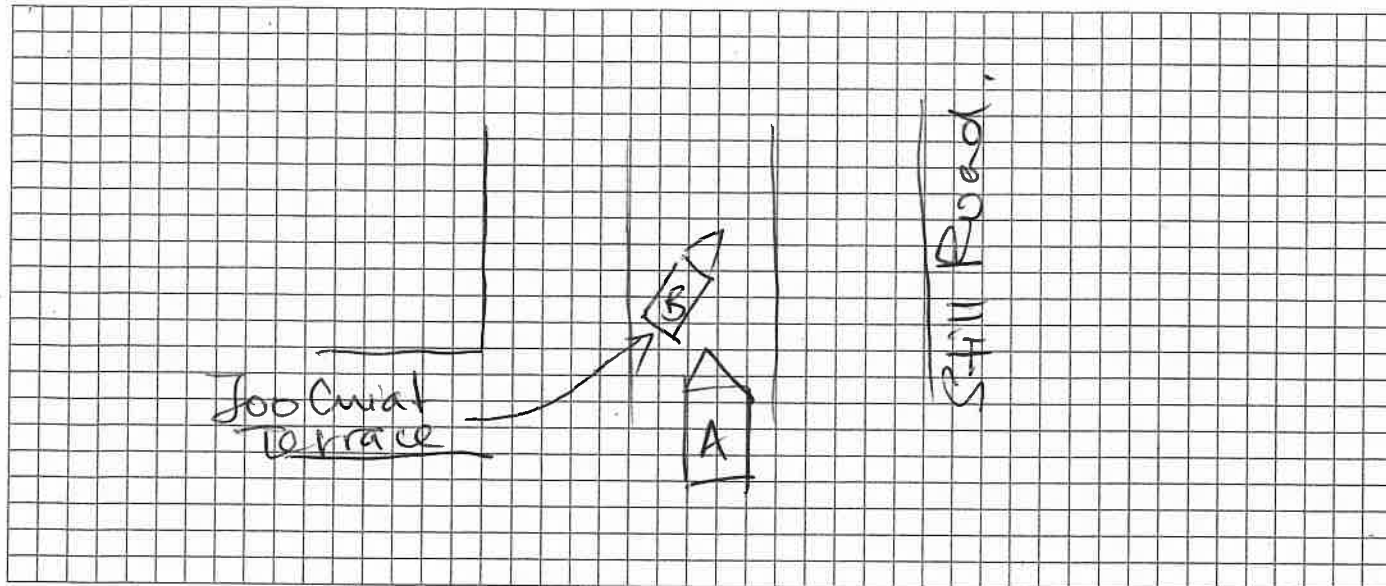
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH CUSTOMER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6937S
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	QUEK AH BOON
NRIC/Passport Number	SXXXX137I
Contact Number	98128120
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving straight along Still Road, and Taxi exited out of Joo Chiat Terrace onto 2nd lane; I took evasive action to slow down and move to 2nd lane, but taxi moved into 2nd lane and stopped!

Refer to video.

DECLARATION

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


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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.

COMFORTDELGRO ENGINEERING PTE LTD
320 UBI ROAD 3
SINGAPORE 408649

Policyholder's Signature

Date & Time:

16/9/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

MOTORMAX PLUS Comprehensive

Certificate No. B 300233895 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKX4822L

2. Name of Policyholder

Evelynn Yap Wei Ling

3. Effective Date of the Commencement of Insurance for the purposes of the Act

16/12/2019

4. Date of Expiry of Insurance

15/12/2020

5. Persons or Classes of Persons entitled to drive*

Evelynn Yap Wei Ling

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to Use *

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis
Chief Executive Officer

COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SKX 4822L and (Third Party's Vehicle No.)
S4D 6937S on 16.09.20 along Still Road

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, Evelyn Yap Wei Ling *NRIC/Passport
No. S7931268A (Address)* 81K 833 Tampines St 83 #09-32
Singapore 520833 / _____ 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: Evelyn Yap Wei Ling
NRIC No.: S7931268A
Co's rubber Stamp

delete as appropriate. Insurance