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## LETTER OF AUTHORITY AND INDEMNITY

VOLVING	VEHICLE	NO. SMD	92292	AND_	GBF 2379 P
05	MONTH 2	02 (YEAR			
authorized to ape given by me/us agiven by me/us agiven by me/us agiven has a you deed to confirm my admy/our claim, younts for acting for account.  It, I/we am/are reduced render full co-op reasons, my/our er the policy of in the full amount to pay you the dind understand the	with respect to commence legal to instruct my/ou m fit. Upon settle eceptance of the salare authorized to me/us and to reliquired to attend a cration.  insurers reject in ansurance or make to fyour repair of the fifterence in amounts above statement.	on my/our behalf: the conduct of my proceedings in Cour ar solicitors to nego ement of my claim, ettlement as full and o agree with my/our ieve payment of the at my/our solicitors' my/our claim for in e any offer to pay lo bill and survey fee nt, as the case may and agreed.	and give the soly/our claims againt in my/our name of the a settlement you are authorized final discharger solicitors on the balance of the demnity for the less than the amounts and any other	licitors full inst third p e against th nt with the ed to sign a of my clair e amount of settlement end court ir cost of re unt claimed	instructions as if the party driver and/or his lee third party. third party and/or his any Discharge Voucher, on my behalf. I their professional cos sum on my/our behalf connection to my/our pairs and/or any loses by you, I/we agree to
day 05	month _	2021 year			
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	authorized to ap given by me/us g if necessary, to ur full authority terms as you deed to confirm my act to confirm my act to confirm my act for acting for raccount.  It, I/we am/are received the full co-op reasons, my/our er the policy of in the full amount to pay you the dind understand the day	authorized to appoint solicitors given by me/us with respect to gi fi necessary, to commence legal ar full authority to instruct my/outerms as you deem fit. Upon settle to confirm my acceptance of the samy/our claim, you are authorized to this for acting for me/us and to relar account.  It, I/we am/are required to attend a render full co-operation.  Treasons, my/our insurers reject in the policy of insurance or make by the full amount of your repair to pay you the difference in amound understand the above statement.  The yew that Ivantic Sl226876F	MONTH 2021 YEAR  To of vehicle no. SMD 92297 hereby instruct a authorized to appoint solicitors on my/our behalf given by me/us with respect to the conduct of my gi if necessary, to commence legal proceedings in Court full authority to instruct my/our solicitors to negaterms as you deem fit. Upon settlement of my claim, to confirm my acceptance of the settlement as full and my/our claim, you are authorized to agree with my/our its for acting for me/us and to relieve payment of the raccount.  1. I/we am/are required to attend at my/our solicitors render full co-operation.  1. I/we am/are required to attend at my/our claim for interthe policy of insurance or make any offer to pay be to pay you the difference in amount, as the case may not understand the above statement and agreed.  1. I/we more than the policy of month 2021 year  1. I/we will amount of your repair bill and survey fee to pay you the difference in amount, as the case may not understand the above statement and agreed.  1. I/we will amount of your repair bill and survey fee to pay you the difference in amount, as the case may not understand the above statement and agreed.  1. I/we will amount of your repair bill and survey fee to pay you the difference in amount, as the case may not understand the above statement and agreed.  1. I/we will amount of your repair bill and survey fee to pay you the difference in amount. As the case may not understand the above statement and agreed.	MONTH 2021 YEAR  To of vehicle no. SMD 9229 Thereby instruct and authorize you authorized to appoint solicitors on my/our behalf and give the solicity of instruct my/our solicitors to negotiate a settlement are full authority to instruct my/our solicitors to negotiate a settlement terms as you deem fit. Upon settlement of my claim, you are authorize to confirm my acceptance of the settlement as full and final discharge my/our claim, you are authorized to agree with my/our solicitors on the fits for acting for me/us and to relieve payment of the balance of the reacount.  If I/we am/are required to attend at my/our solicitors' office or to atterneder full co-operation.  Treasons, my/our insurers reject my/our claim for indemnity for the er the policy of insurance or make any offer to pay less than the among the full amount of your repair bill and survey fees and any other to pay you the difference in amount, as the case may be.  If Myew Hui Ivan  Substitute the policy of the pay less than the among the full amount of your repair bill and survey fees and any other to pay you the difference in amount, as the case may be.  If Myew Hui Ivan  Substitute the policy of the pay less than the among the full amount of your repair bill and survey fees and any other to pay you the difference in amount, as the case may be.  If Myew Hui Ivan  Substitute the policy of the pay less than the among the full amount of your repair bill and survey fees and any other to pay you the difference in amount, as the case may be.  Company Substitute the policy of the pay less than the among the full amount of your repair bill and survey fees and any other to pay you the difference in amount, as the case may be.  Company Substitute the policy of the pay less than the among the pay less than the among the pay less than the policy of the pay less than the pay less tha	MONTH 2021 YEAR  To of vehicle no. SMD 92297 hereby instruct and authorize you to common authorized to appoint solicitors on my/our behalf and give the solicitors full given by me/us with respect to the conduct of my/our claims against third programment of instruct my/our solicitors to negotiate a settlement with the terms as you deem fit. Upon settlement of my claim, you are authorized to sign a to confirm my acceptance of the settlement as full and final discharge of my claim my/our claim, you are authorized to agree with my/our solicitors on the amount of the for acting for me/us and to relieve payment of the balance of the settlement reacount.  1. I/we am/are required to attend at my/our solicitors' office or to attend court in render full co-operation.  1. I/we am/are required to attend at my/our solicitors' office or to attend court in render full co-operation.  1. I/we am/are required to attend at my/our solicitors' office or to attend court in render full amount of your repair bill and survey fees and any other expenses or to pay you the difference in amount, as the case may be.  1. If the full amount of your repair bill and survey fees and any other expenses or to pay you the difference in amount, as the case may be.  1. If you thui I/van  1. If you thui I/van  2021 year  Company Stamp  Company Stamp  Company Stamp