

LETTER OF AUTHORISATION

To: HIAP LEK AUTOMOBILE TRADING

ACCIDENT INVOLVING VEHICLE NO. _____ ON _____

HIAP LEK AUTOMOBILE TRADING

160 SIN MING DRIVE #05-17

SIN MING AUTOCITY

SINGAPORE 575722

TEL: 64531743

FAX: 62668605

DISCHARGE VOUCHER

VEHICLE NO: SKC 85J

DATE: 09/09/2021

DATE OF ACCIDENT: 03/09/2021

THIS IS TO CERTIFY THAT THE ABOVE MENTIONED VEHICLE HAS BEEN SATISFACTORY REPAIRED BY MESSRS HIAP LEK AUTOMOBILE TRADING AND TAKEN DELIVERY AT 2.30pm (A.M/P.M) ON THE 21th DAY OF sep 2021.

NAME OF OWNER: Toh kang wei, Kenny

NIRC NO: 584326 11/1

SIGNATURE: [Signature]



You have my/our full authority to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem fit. Upon settlement of my claim, you are authorised to sign any Discharge Voucher or any document to confirm my acceptance of the settlement as full and final discharge of my claim on my behalf.

In the event that the third party's insurance company send a cheque for the settlement amount directly to you, you have to pay HIAP LEK AUTOMOBILE TRADING our repair costs, and others, which is included in the settlement amount. Failure to do so may result in us commencing legal action against you to recover for our repair costs and others.

Should my/our claim be partly successful or cannot be proceeded with and/or if any judgment or settlement is not honoured or satisfied by third party, I/We:

1. Agree to pay you the sum of monies (as agreed) or as certified by the surveyor appointed, being the costs of repairs, survey fees and/or any other expenses reasonably incurred by you on my/our behalf. You may use the recovered amount from my claim for loss of use to partially offset the difference.
2. Will pay for any shortfall that may still result in the settlement amount.

In the event that the Reparer is compelled to endorse this undertaking, I/We agree that I/We shall pay the full indemnity back the legal costs incurred by the Reparer.

Name: _____

Signature: _____

NIRC No: _____

Company Stamp
(If available)

Contact No: _____

Date: _____