## **AUTHORISATION TO ACT**

I, ("the third party claimant") of
206-18 481 TROUPANK SKOPY (address), owner of STP 473 k (vehicle no.) hereby
I, COM RENTAL LEASING ("the third party claimant") of OBI CREEN ADD ("the workshop") to act for
me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my
vehicle no. Which was damaged pursuant to the accident which occurred on 30 mm (4) to (date) along rowning Brings by impu by the property (location) involving vehicle no/s ("the accident").
(date) along x Juny 100 BRTHIRD FO HAM! (location) involving vahials
(location) involving venicle
no/s ("the accident").
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit
and the workshop is further authorized to receive payment further to settlement of my claim with
payment cheque/s being made in favour of the workshop.
I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.
Dated this (day) of (month) 20 (year)
M REAL
WE REPORTED TO THE PORT OF THE
* ( E & ) ( )
DNIS43
310 5

My execution of this Discharge Voucher is only for property damage claims and not prejudicial to any other claims arising from the same accident.

Signed by "the workshop" (with chop)

Signed by "the third party claimant" (with chop if applicable)