

LETTER OF AUTHORISATION

I, **Heng Aik Loong** (“claimant”) of **1 Jalan Kembangan #09-14 Singapore 419154** (address), driver of **SLM5017J** (vehicle no.) hereby authorize **Automotive Repair Centre Pte Ltd** (“the workshop”), to act on behalf of me with respect to my claim for medical expenses (“claim”) for the accident that occurred on **04/04/2022** (date) along **SLE towards Woodlands Ave 12** (location) involving vehicle no/s **GBH7109J** (“the accident”).

Dated this **14** (day) of **11** (month) **2022** (year)



Signed by “the claimant”
(with chop if applicable)



Signed by “the workshop”
(with chop)