## **LETTER OF AUTHORITY & INDEMNITY**

To: Wah Hong Motors & Credit Pte Ltd ACCIDENT INVOLVING VEHICLE NO. SMH BYKE AND SKS 8667 T ATIALONG BEINGEN JURONG EAST ST XI X JURONG EAST CENTRAL TRAFFIC JUNCTION HRS. 1. , the owner of vehicle SM+) 6448 P hereby instruct and authorize you to commence repairs to the above said vehicle. I/We hereby authorize that any payment due to me/us from the aforesaid claim be paid to M/s Wah Hong Motors & Credit Pte Ltd.. If the matter is unable to resolve due to liability issues, the matter may/may not proceed to Dispute Resolution Mechanism (DRM) as such I/We will be liable for the DRM Fees and other disbursements incurred. If for whatever reason, my/our insurer and/or the third party insurance claim is not successful or fraud accident or repudiate or reject my/our claim, I/We agree to undertake to pay full amount of your repair bills, administration charge and any other disbursements reasonably incurred by me/us under the policy of insurance shall be borne by me/us. 5. In the event, if I/We instruct you to withdraw my/our claim, I/We agree to pay the repair cost, administration charge and other disbursements that you have incurred. 6. I/We understand that Total Loss Claim (3rd Party), I/We agree to pay Administration Fee. Storage Fee & other disbursements (LTA Search Fee, GIA Fee, Loss of Use, etc...) incurred before the collection of my/our vehicle. 7. I/We understand that I/We must cooperate to sign the Final Discharge Voucher. If I/We refuse to co-operate, I/We will have to pay for the repair cost, administration charge and other disbursements incurred. My repairer will also reserve their rights to proceed legal action against me and all the legal costs and disbursement incurred will be borne by me. 8. I/We hereby confirmed I/We have read and understand the contents of the document and the same. I/We herein give my/our consent and acknowledgement. Dated this \_\_\_\_\_ day of \_\_\_\_ Witness Signature Policy Holder's Signature Driver's Signature

NRIC No.: SXXXX 793A
Contact: 9232 XXX

(Company stamp if applicable)

Name: GUI FONG YI

Name: 760 KOK LEONE CALVIN

(If driver is not policyholder)

NRIC No.: Sxxxx 490D

Name: DOLCON FAX

Contact: 8778 4888