TO WHOM IT MAY CONCERN

AUTHORIZATION TO ACT

I/We(owner) LUMENS AUTO PTE LTD	('the th	ird-party claimant') of
(Address) RUC 22 SIN MING LANE #01-75	MIDVIEW CITY 5573969	_ registered owner of
(Vehicle Number)he	ereby authorize ('the vehicl	e repairer workshop')
OPTIMA WERKZ PTE LTD to act for me/us with respect of my/our claim for repair costs and /or		
rental and/or loss of use for my/our vehicle number	JEF8 PN2	that was
damaged pursuant to the accident which occurred or	along	ALAB STREET
in		
I/We further authorize the workshop to settle my/our above-mentioned claim in a manner that they deem fit and the workshop is further authorized to receive full payment in the settlement of my/our claim with full cheque(s) payment being made in the favor of the workshop.		
Dated this 15 day of NOVEMBER year 7022		
ON SN 3 M		
Signature of Vehicle Registered Owner Company's stamp (if applicable)		