

Date ____/____/20__

LETTER OF AUTHORIZATION

I hereby authorize Mr./ Mrs _____
holding identity card No _____ of _____
to process
and sign all the claim documents pertaining to Vehicle No _____ registered
under claim No _____ policy
No _____ which met with an accident on
_____/_____/20__ at _____ and
receive claim payment on my behalf.

Upon giving this authorization the undersigned has no any complaint or objection against the claim of the said vehicle and, the authorized person will be held fully responsible for any dispute in regard to this claim from the date of signing this authorization.

Affix Legal
Stamp of
Nu. 10/- &
sign over it

Authorized by:

Name _____
Address _____
Contact No _____

(Attach CID copy/Driving License/Voter Card copy)

Authorized to:

Signature _____
Name _____
Address _____
Contact No _____

(Attach CID copy/Driving License/Voter Card copy)

Witness

Signature _____
Name _____
Address _____
Contact No _____

(Attach CID/Driving License/Voter Card Copy
of witness.)