Letter of Authorization 授權書

TO WHOM IT MAY CONCERN

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Date of incident 事故日期 :	
is holding any information of the Company Limited or its autrespect to the insured person's	on, party, police and/or authority that has any records or e insured person or me /us to disclose to Avo Insurance horized representative, any and all information with or my/our loss, police statement made and the like for ur claim request(s). A photocopy of this authorization e original.
有關人等、警方、及/或有關	可受保人或本人/我們之任何記錄或資料的人士、 當局,向 安我保險有限公司 或其授權代表提供任何 門之損失、口供或任何相關資料作評估賠償申請之 監員同等效力。
Signature 簽署 :	
Name 姓名(正階) :	
HKID No. 香港身份証號碼:	

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