

**Part A –**

To Whom It May Concern

**Authorization Letter for Motor Claims Record**

I, We \_\_\_\_\_, hereby authorize Target Insurance Company, Limited to act on my behalf in applying for and obtaining from \_\_\_\_\_ my/our Motor Claims Record.

\_\_\_\_\_  
Signature of Insured

Date:

**Part B –**

**Motor Claims Record Request Form**

Insured: \_\_\_\_\_

Registration Mark: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Regarding: \_\_\_\_\_

Policy Period	No. of Reported Claims	Date of Accident

Yours truly

\_\_\_\_\_  
Authorized Signature with Company Chop

Date: