



TARGET INSURANCE COMPANY, LIMITED

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泰加保險
有限公司

Part A –

To Whom It May Concern

Authorization Letter for Motor Insurance Claims Report

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 Insurance Claims Report

Insured: _____

Registration Mark: _____

Policy Number: _____

Regarding: _____

Policy Period	No. of Reported Claims	Date of Accident

Yours truly

Authorized Signature with Company Chop

Date: