

MINISTRY OF LAW
The Public Trustee

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Form 15(AC)

For Official Use

File Ref No.:

LETTER OF AUTHORISATION & INDEMNITY
FOR PAYMENT TO JOINT/THIRD PARTY SOLE / JOINT BANK ACCOUNT

IMPORTANT: It is an offence to make any false statement or to produce any document which is false for any purposes connected with this letter of authorisation & indemnity. Please sign against amendments made. Use of correction fluid/tape will render the letter of authorisation & indemnity void. An incomplete form will delay the processing of your application.

THIS FORM IS FOR USE WHERE THE PAYMENT IS TO BE MADE INTO A BANK ACCOUNT THAT IS NOT IN THE BENEFICIARY'S/ RECIPIENT'S SOLE NAME

A. ACCIDENT VICTIM'S PARTICULARS

Name of Accident Victim:

NRIC / Passport No. of Accident Victim:

B. DETAILS OF BENEFICIARY WHO IS RECEIVING PAYMENT FROM THE PUBLIC TRUSTEE ("RECIPIENT")

1. I, _____ hereby instruct and
(Name of Recipient & NRIC/Passport No)
authorise the Public Trustee of Singapore to pay the monies due to me as a part of the above-mentioned motor accident compensation into the bank account no. _____ held with _____, which is a:
(Name of Bank)

(Please select only 1 option):

- Joint bank account which I jointly own with: _____ . (Complete 3a and 9b)
(Name of Joint bank account holder & NRIC/Passport No.)
- Personal bank account owned by a Third Party: _____ . (Complete 3a and 9b)
(Name of Sole Third Party bank account holder & NRIC/Passport No)
- Joint bank account owned by Third Parties: i) _____ ; (Complete 3b and 9b)
(Name of Joint Third Party bank account holder A & NRIC/Passport No)
- ii) _____ . (Complete 3b and 9c)
(Name of Joint Third Party bank account holder B & NRIC/Passport No)

2. I understand and agree that the sum of the motor accident compensation made by the Public Trustee of Singapore into the bank account elected by me for the receipt of such payment as indicated above shall be a complete and final discharge of the Public Trustee's obligation as the case may be to make such payment to me pursuant to the Motor Vehicles (Third-Party) Risks and Compensation Act and I, hereby irrevocably and unequivocally indemnify the Public Trustee of Singapore and hold the Public Trustee harmless against all claims or demands arising from such payment.

C. DETAILS OF JOINT / THIRD PARTY SOLE / JOINT BANK ACCOUNT HOLDER(S)

3. a) For Recipient's Joint Bank Account / Sole Bank Account Owned by Third Party*

I, _____ am the **Joint / Sole Third Party* bank account holder** of bank
(Name of Joint/Sole Third Party bank account holder & NRIC/Passport No)
account no. _____ held with _____ ;
(Name of Bank)

OR

b) For Joint Bank Account Owned by Third Parties*

We, _____ and _____ are
(Name of Joint Third Party bank account holder & NRIC/Passport No.) (Name of Joint Third Party bank account holder & NRIC/Passport No.)
the **joint account holders** of bank account no. _____ held with _____
(Name of Bank)

C. DETAILS OF JOINT / THIRD PARTY SOLE / JOINT BANK ACCOUNT HOLDER(S) (CONTINUED)

4. I / We state that I / we have been informed that there is a sum of money due to the abovementioned Recipient which will be paid into this bank account by the Public Trustee of Singapore. I / We hereby consent to the Public Trustee of Singapore paying the sum of money due to the Recipient into the above-stated bank account.
5. A copy of my / our NRIC / Passport for the purpose of verifying my / our identity is / are attached.
6. I / We understand that the sum paid by the Public Trustee of Singapore into the bank account mentioned above is for the Recipient's sole benefit and I / we, hereby, irrevocably and unequivocally indemnify the Public Trustee of Singapore and hold the Public Trustee harmless against all claims or demands arising from the Recipient in relation to the payment.
7. I / We confirm that I / we do not lack mental capacity when making this document.
8. I / We understand that it is my / our responsibility to ensure that, if I / we cannot read or understand English, I / we have obtained such assistance as I / we require, to interpret and enable me / us to understand the contents of this document before I / we sign it.

D. SIGNATURES

9. **This form must be signed by both the Recipient and the Joint or Third Party (Sole / Joint) bank account holder(s) in the presence of and at the same date and time as the witness. The witness must not be the Recipient or Sole / Joint Third Party bank account holder(s). All parties must be at least 21 years old and must not lack mental capacity.**

a) To be completed **by Recipient:**

Name of Recipient:	Name of Witness:
Signature / Thumbprint of Recipient:	Signature / Thumbprint of Witness:
Date:	Date:

b) To be completed **by Joint Account Holder with Recipient OR Sole / Joint Third Party Bank Account Holder*:**

Name of Joint / Third Party Bank Account Holder:	Name of Witness:
Signature / Thumbprint of Bank Account Holder:	Signature / Thumbprint of Witness:
Date:	Date:

c) To be completed **by Joint Third Party Bank Account Holder*:**

Name of Joint Third Party Bank Account Holder:	Name of Witness:
Signature / Thumbprint of Bank Account Holder:	Signature / Thumbprint of Witness:
Date:	Date:

**Please delete if not applicable*