

Main Office:

Mova Building No. 22, Jalan Kilang, Singapore 159419 Tel: (65) 6476 3333 Fax: (65) 6271 5891 www.mova.com.sq

Workshop Dept:

Block 1008, Bukit Merah Lane 3, BY EMAIL #01-04/06/08/94

WITHOUT PREJUDICE Singapore 159722

Tel: **(65) 6272 3892** Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Our Ref: GBG8922B / T540924 Your Ref: CD/III24090113/XPA3 Date: 26 February 2025

India International Insurance Pte Ltd 6 RAFFLES QUAY, #22-00,

SINGAPORE 048580

Attn: Motor Claims Department

Dear Sir/Mdm

**ACCIDENT INVOLVING:** 

GBG8922B & GBF9833Z

DATE OF ACCIDENT:

4 September 2024

ALONG:

**CENTRAL EXPW (AROUND PEDESTRIAN BRIDGE)** 

We refer to the above mentioned accident. We are claiming as per below:

Cost of Repairs	\$ 2,507.00
#Loss of Use (\$ 180.00_x <u>04</u> days)	\$ 720.00
Loss of Rental (\$ x _days) + 9% GST	\$ -
Loss of Income (\$ x days)	\$ -
LTA Fees	\$ 2.18
Towing Fee	\$ 
Medical Fee	\$ -
GIA	\$ -
Grand Total	\$ 3,229.18

Car date in:

2024-09-23

Car date out:

2024-09-26

Authorized Repair Days:

4

(TP/OD/WS/Recovery of Incidental Costs)

Please pay the amount of

\$ 3,229.18 in favour of MOVA AUTOMOTIVE PTE LTD.

If you have any enquiries, please call Ms Suann @ 6262 3377 EXIT 0 or email <a href="mailto:suann@mova.com.sg">suann@mova.com.sg</a>

Yours faithfully,

MOVA AUTOMOTIVE PTE LTD

For Claims Manager

Note: # Please note that the Loss of Use will be paid based on negotiation and on the

NIMA Protocol (Court Guideline).



<sup>\*</sup> This is a computer generated letter and does not need a signature.



Website: www.mova.com.sg Co. Reg. No.: 198904033G GST Reg. No.: M2-0088864-2

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Fax: (65) 6271 5891

Fan Yoong Branch: No. 15 Fan Yoong Road, Singapore 629792

Tel: (65) 6262 3377 Fax: (65) 6264 3151

Workshop Dept: Blk 1008, Bukit Merah Lane 3, #01-04/06/08, Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314 24 Hours Breakdown Service: (65) 9799 8888

To:

INDIA INTERNATIONAL INSURANCE PTE LTD

GBG8922B, MITSUBISHI, L200 DOUBLE CAB 2.4 MT 64 CECIL STREET

#04, #05 IOB BUILDING SINGAPORE 049711

Singapore

Job Site:

Work Order

Job No.: CBMW24090147

Date: 05/09/2024

Type: Accident Claim -

TP

Advisor : Billy

Time in: 25/09/2024 15:41

Time out:

Created: 25/09/2024 15:41

Т	Job Description	Quantity	иом	Unit Price	Amt
	Ad hoc		-		
Μ	COST OF REPAIR	1.00		2,300.00	2,300.00

## Remarks:

TP CLAIMS - GBG8922B & GBF9833Z ON 04/09/2024 TP - INDIA

Subtotal

2,300.00

GST 9.0%

207.00

Total

2,507.00

(Authorised Signature)

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

GBF9833Z

**Date of Accident** 

04/09/2024

Reset

## % RESULT & RECEIPT

TP Insurer Enquiry	
Insurance	India International Insurance
Period of Insurance	23/04/2024 - 22/04/2025
Requested By	TAN SIE YING (MOVA AUTOMO
Requested Date	04/09/2024 16:28

Payment details

Request Amount: \$\$2 GST Amount: \$\$0.18

Total Amount Due (GST Inclusive): \$\$2.18

**General Insurance Association** 

**Records Management Centre** GST Registration No: M400017735

https://www.gears.com.sg/insurer-enquiry





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## **POWER OF ATTORNEY**

ACCIDENT INVOLVING (Owner's Verland Party's Vehicle No.)		. 202N	_ and (Third
Party's Vehicle No.) (RBF 983372		. 2024	along
BY THIS POWER OF ATTORNEY, *I	/We, China construction (scuttle) *NRIC/Passport No		<u>0 . Pk . 比d .</u> (Address)*
(Address)*  (BE STOPE  (MOVA) a company incorporated in	Singapore and having its registe	owner of Vehicle Reappoint MOVA AUTOMOTIVE at Block 1008	egistered No. VE PTE LTD, Bukit Merah
Lane 3 #01-04/06/08 its agents or a name(s) and on *my/our behalf to do a		o be *my/our Attorney an	d in *my/our
which *I/we may have again *policy/policies taken up b  Insurance Company) in respected by *me  2. For the purpose of such claim( shall in MOVA absolute discressions). To collect payment(s) due in be made by way of cheque and discharge thereof.  4. For any of the purposes afore relation thereto.  5. Generally do all such acts as	pect of the cost of repairs, loss e/us arising from the Accident (loss (s) as aforesaid, to appoint solicitor retion, deem fit.  respect of any such claim(s) for the infavor of MOVA AUTOMOTIVE resaid, to execute, sign, seal and so it shall deem necessary for the part of	ne Accident and under the atively under Insurance by *me/us (subject to apply of use/rental and all others and damage). Is on *my/our behalf as *my the loss and damage, such the loss and deliver all documents when the loss and deliver all documents when the loss of settling such the loss of settling s	ne insurance e Policy No. proval by my er costs and dour Attorney n payment to valid receipt hatsoever in
*I/We hereby declare that all acts, ir *my/our behalf by the Attorney, its act valid and effectual to all intents and put in *my/our own proper person(s) and or executed by virtue of the authority	gents or any person authorized burposes whatsoever as it is the sam *I/we hereby ratify and confirm, all	by virtue of this Power of y MOVA in its behalf shall e had been done or execut	I be as good ed by *me/us
*I/We hereby further declare that the	powers and authority hereby co	onferred shall remain irre	evocable.
*I/We further confirm that the accepta full discharge of my/our claim(s) in re	ance by MOVA of the settlement ar espect of such loss and damage.	mount in respect of such c	onstitute the
	e hereunto to set *my/our hand and to Thousand(20 _ <del>31</del> _).	d seal this day <del></del>	of the month
Signed, Sealed & Delivered By  Customer's Name: (Who a constitution)	(south pactfic) Developmen	7 au. 74e. Hd	

MOVA's copy

\*delete as appropriate.

NRIC No:

Co's Rubber Stamp, where applicable.