

Main Office:

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

Workshop Dept:

BY EMAIL

WITHOUT PREJUDICE

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

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

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

Our Ref: SFJ2992A / T140325

Your Ref: D24007783MFCT/CTPL/TPD-2 //

Date: 1 July 2025

MS FIRST CAPITAL INSURANCE LIMITED 16 RAFFLES QUAY #42-01 HONG LEONG BUILDING

Singapore 048581

Attn: Motor Claims Department

Dear Sir/Mdm

ACCIDENT INVOLVING:

SFJ2992A & SHA4751P

DATE OF ACCIDENT:

3 September 2024

ALONG:

SLIP ROAD FROM EAST COAST ROAD TOWARDS

**TELOK KURAU** 

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

Cost of Repairs	\$ 2,406.72
#Loss of Use (\$ 100.00 x 03_days)	\$ 300.00
Loss of Rental (\$ x days) + 9% GST	\$ 7=
Loss of Income (\$ x days)	\$ -
LTA Fees	\$ -
Police Report / GIA	\$ 2.18
Medical Fee	\$ -
Towing fee	\$ -
Grand Total	\$ 2,708.90

Car date in:

3/3/2025

Car date out:

6/3/2025

Authorized Repair Days:

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

Please pay the amount of

\$ 2,708.90 in favour of MOVA AUTOMOTIVE PTE LTD.

If you have any enquiries, please call Ms Suann @ 62623377 or

email suann@mova.com.sg

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 Main Office: Mova Building, No. 22, Jalan Kilang, Singapore 159419

Tel: (65) 6476 3333 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:

MS FIRST CAPITAL INSURANCE LTD

SFJ2992A, PEUGEOT, 5008 ACTIVE PURETECH 1.2 EAT6

16 Raffles Quay

#42-01 Hong Leong Building

Singapore 048581

Job Site:

**Work Order** 

Job No.: CBMW24090261

Date: 06/09/2024

Type: Accident Claim -

TP

Advisor : Junior

Time in: 11/12/2024 10:28

Time out:

Created: 11/12/2024 10:29

Т	Job Description	Quantity	MOU	Unit Price	Amt	
	Ad hoc					
М	COST OF REPAIR	1.00		2,208.00	2,208.00	

#### Remarks:

processing a superior of the section was a section of the section

ACCIDENT INVOLVING SFJ2992A & SHA4751P ON 03/09/2024 TP - FIRST CAP

Subtotal GST 9.0% 2,208.00

Total

198.72 2,406.72

(Authorised Signature)

SIGNATURE & COMPANY'S STAMP

PAGE 1 OF 1



# PERFORMA INVOICE

MS FIRST CAPITAL INSURANCE LIMITED

12/6/2025

**36 ROBINSON ROAD** 

#16-01 CITY HOUSE

SINAGPORE 068877

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

Main Office:

**Workshop Dept:** 

Block 1008, Bukit Merah Lane 3,

#01-04/06/08/94 Singapore 159722

PEUGEOT 5008(65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G T140325 GST Reg. M2-0088864-2

03/09/24

SFJ2992A

**JUNIOR** 

Accident Date: In Charge:

Est No:CBMW24090261

Romarks.

Vehicle No:

Claims ref:

Vehicle Model:

		:						
No	Description		Qty			U. Price	Ar	nounts S\$
	LIST ITEMS:							
1	REAR BUMPER		1	PC	\$	1,490.00	\$	1,490.00
2	TAILGATE EMBLEM "500	8"	1	PC	\$	130.00	\$	130.00
	LIST TOTAL S\$						\$	1,620.00
	10% DISCOUNT S\$						\$	(162.00)
							\$	1,458.00
	LABOUR CHARGE:							
1	TO CUT, WELD, PANEL BE	AT, STRAIGHTEN ,	REPLA	CE D	AMA	AGED		
	PARTS & REALIGN AFFEC	TED AREAS					\$	400.00
2	TO PUTTY SPRAY PAINT (	ON TAILGATE, REAF	REND	PANE	L,F	REAR		
	BUMPER REINFORCEMEN	NT					\$	200.00
3	TO RESET & REPROGRAM	IMING AFTER ACCI	DENT	REPA	IR V	VORK	\$	150.00
	TOTAL LABOUR COST S\$						\$	750.00
					Λ.Ν./			2,208.00
			/	7 ,		Γ@ 9%	\$ \$	198.72
Custome	er's Signature	MOVA AUTOMOTIVE	PTF		-	IOUNT DUE S\$		2,406.72
Custoffie	si a dignature	WOVA AUTOMOTIVE	1/1	1	7 11 4		. <u>_</u> Y	2,100.72

**INSURER ENQUIRY** 

Find insurer

Vehicle reg. no.

SHA4751P

**Date of Accident** 

03/09/2024 苗

Reset

### % RESULT & RECEIPT

## **TP Insurer Enquiry**

Insurance MS First Capital Insurance Ltd Requested By \_\_\_\_\_\_Enny (MOVA AUTOMOTIVE PTE... Requested Date \_\_\_\_\_\_03/09/2024 16:51

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





Main Office: Mova Building, No. 22 Jalan Kilang, Singapore 159419. Tel: (65) 6476 3333 Fax: (65) 6271 5891 Website: www.mova.com.sg Workshop: Block 1008, Bukit Merah Lane 3, #01-04/06/08/94, Singapore 159722 Tel: (65) 6272 3892 Fax: (65) 6270 8314

### **POWER OF ATTORNEY**

ACCIDENT INVOLVING (Owner's Vehicle No.)	SEI 3	A CPP		and (Third
Party's Vehicle No.) SHA 4751P on		3.9.	2024	along
Slip Road from East (Dast Roa	ebrowot bu	Telok	KUMU	along
BY THIS POWER OF ATTORNEY, *I/We,	Toh Law L	4ong		
20 SIDIOP DITIVE & (457152)	*NRIC/Passpor	t No	3COPSEE S	(Address)*
	nv incorporate i	n Singapo	ore and having its regi	istered office at
(Address)*			owner of Vehicle	
ASPOS ETS	hereby irrevo	cably app	oint MOVA AUTOMO	
(MOVA) a company incorporated in Singapore a	and having its	registered	d office at Block 100	8 Bukit Merah
Lane 3 #01-04/06/08 its agents or any person at		IOVA to b	be *my/our Attorney a	and in *my/our
name(s) and on *my/our behalf to do all or any of t	the following:			
<ol> <li>To submit, resolve and make any clain which *I/we may have against the othe *policy/policies taken up by such *parallel to the policy/policies taken up by such *parallel taken up by *me/us arising f</li> <li>For the purpose of such claim(s) as aforesa shall in MOVA absolute discretion, deem</li> <li>To collect payment(s) due in respect of an be made by way of cheque in favor of the and discharge thereof.</li> <li>For any of the purposes aforesaid, to execute the purposes aforesaid, to execute the purpose up the purpose as it shall deem to agree to any settlement at the absolute.</li> </ol>	er *party/parties rty/parties or rty/parties or ta cost of repairs, from the Accide aid, to appoint se fit. ny such claim(se MOVA AUTOM cute, sign, sea m necessary for	s to the alternation alternati	Accident and under vely under Insurancy *me/us (subject to a use/rental and all of and damage).  n *my/our behalf as *n loss and damage, su TE LTD and to give	the insurance ce Policy No. approval by my ther costs and my/our Attorney uch payment to a valid receipt whatsoever in
*I/We hereby declare that all acts, instruments a *my/our behalf by the Attorney, its agents or any valid and effectual to all intents and purposes whats in *my/our own proper person(s) and *I/we hereby or executed by virtue of the authority and powers	person author soever as it is the ratify and confi	ized by M ne same h rm, all ac	MOVA in its behalf shead been done or exec	nall be as good cuted by *me/us
*I/We hereby further declare that the powers and	authority her	eby confe	erred shall remain ir	rrevocable.
*I/We further confirm that the acceptance by MOV full discharge of my/our claim(s) in respect of such	A of the settlem	nent amoi lage.	unt in respect of such	constitute the
*IN WITNESS WHEREOF. *I/We have hereunto to of, Year Two Thousand -	set *my/our ha	and and se	eal this day <u>3</u>	_ of the month
Signed, Sealed & Delivered By				
my /				

Customer's Name: Toh Law Home NRIC No: \$1775403 E. Co's Rubber Stamp, where applicable.