

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

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

**BY EMAIL**

**WITHOUT PREJUDICE**

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

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

Our Ref : YP9630S / T771024  
Your Ref : CD/LPC24100281/Xpa3  
Date : 8 February 2025

**Lonpac Insurance Bhd**  
**300 Beach Road**  
**#17-04/06 The Concourse**  
**Singapore 199555**  
**Attn: Motor Claims Department**

Dear Sir/Mdm

**ACCIDENT INVOLVING:** **YP9630S & XD7136R**  
**DATE OF ACCIDENT:** **15 October 2024**  
**ALONG:** **API API FLYOVER**

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

Cost of Repairs	\$	9,374.00
#Loss of Use (\$ 220.00 x 04 days)	\$	880.00
Loss of Rental (\$ x days) + 9% GST	\$	-
Loss of Income (\$ x days)	\$	-
LTA Fees	\$	2.18
Towing Fee	\$	-
Medical Fee	\$	-
Other Miscellanies	\$	-
<b>Grand Total</b>	<b>\$</b>	<b>10,256.18</b>

Car date in: 2024-10-29  
Car date out: 2024-11-02

Authorized Repair Days: 4 (~~TP/OD/WS/Recovery of Incidental Costs~~)

Please pay the amount of **\$ 10,256.18** in favour of **MOVA AUTOMOTIVE PTE LTD.**  
If you have any enquiries, please call Ms Suann @ 6262 3377 EXIT 0 or  
email [suann@moval.com.sg](mailto:suann@moval.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).

\* This is a computer generated letter and does not need a signature.



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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:**

**LONPAC INSURANCE BHD**

YP9630S, ISUZU, FVR90SUQDC AMT

300 BEACH ROAD

#17-04/07 The Concourse

199555

Singapore

**Job Site:**

**Work Order**

**Job No. :** CBMW24100093

**Date :** 16/10/2024

**Type :** Accident Claim -  
TP

**Advisor :** Brian

**Time in :** 16/10/2024 14:39

**Time out :**

**Created :** 16/10/2024 14:40

T	Job Description	Quantity	UOM	Unit Price	Amt
	Ad hoc				
M	COST OF REPAIR	1.00		8,600.00	8,600.00

**Remarks:**

ACCIDENT INVOLVING YP9630S AND XD7136R ON 15/10/2024  
TP LONPAC

Subtotal	8,600.00
GST 9.0%	774.00
Total	9,374.00

SIGNATURE & COMPANY'S STAMP

(Authorised Signature)

PAGE 1 OF 1


INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

XD7136R

Date of Accident

15/10/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**

Period of Insurance ..... **16/04/2024 - 15/04/2025**

Requested By ..... **Menglee (MOVA AUTOMOTIVE ...**

Requested Date ..... **16/10/2024 14:10**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

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

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

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### POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) VP9630S and (Third Party's Vehicle No.) XD7136R on 15.10.2024 along ADI ADI Highway

BY THIS POWER OF ATTORNEY, \*I/We, MOVA Automotive Pte Ltd  
\*NRIC/Passport No. 198904033ft (Address)\*  
/

a company incorporate in Singapore and having its registered office at (Address)\*

VP9630S owner of Vehicle Registered No. VP9630S hereby irrevocably appoint MOVA AUTOMOTIVE PTE LTD, (MOVA) a company incorporated in Singapore and having its registered office at Block 1008 Bukit Merah Lane 3 #01-04/06/08 its agents or any person authorized by MOVA to be \*my/our Attorney and in \*my/our name(s) and on \*my/our behalf to do all or any of the following :

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which \*I/we may have against the other \*party/parties to the Accident and under the insurance \*policy/policies taken up by such \*party/parties or alternatively under Insurance Policy No. \_\_\_\_\_ taken up by \*me/us (subject to approval by my Insurance Company) in respect of the cost of repairs, loss of use/rental and all other costs and expenses, etc suffered by \*me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on \*my/our behalf as \*my/our Attorney shall in MOVA absolute **discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of **MOVA AUTOMOTIVE PTE LTD** and to give a valid receipt and discharge thereof.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of MOVA.**

\*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on \*my/our behalf by the Attorney, its agents or any person authorized by MOVA in its behalf shall be as good valid and effectual to all intents and purposes whatsoever as it is the same had been done or executed by \*me/us in \*my/our own proper person(s) and \*I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

\*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

\*I/We further confirm that the acceptance by MOVA of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

**\*IN WITNESS WHEREOF.** \*I/We have hereunto to set \*my/our hand and seal this day 29 of the month of 10, Year Two Thousand - 2024 ).

Signed, Sealed & Delivered By



Customer's Name:

NRIC No:

Co's Rubber Stamp, where applicable.

**MOVA's copy**

**\*delete as appropriate.**