



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.) |
|--|
| Party's Vehicle No.) S6P 9656 6 on 21 3 18 along |
| 62 Pavilion Rise |
| BY THIS POWER OF ATTORNEY, *I/We, Eugene ong Peng Seng |
| 62 Pavilian Rise NRIC/Passport No. 57010357 E (Address)* |
| 3 00011) |
| a company incorporate in Singapore and having its registered office at |
| (Address)* owner of Vehicle Registered No. |
| 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: |
| |
| 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. |
| 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 comfirm 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 of the month of, Year Two Thousand (20). |
| Signed, Sealed & Delivered By |
| . ^ |
| Envelope |
| Customer's Name: Engelie Ong Pana Saul |

Insurer's copy

*delete as appropriate.

NRIC No:

57010357 E

Co's Rubber Stamp, where applicable.