Workshop Address: Blk 1008, Bukit Merah Lane 3

01-04/06/08 Singapore 1597??



"WITHOUT PREJUDICE"

(V1v1.-)

Your Ref

: SH9563R

Our Ref

: SGF3058A / T291118

Date

: 25 June 2019

LKK AUTO CONSULTANT PTE LTD 51, Ubi Avenue 1 #01-25 Paya Ubi Industrial Park Singapore 408933.

ATTN: MOTOR CLAIMS DEPT

Dear Sir / Madam,

ACCIDENT INVOLVING SGF3058A & SH9563R ON 09/10/2018 ALONG STEVEN ROAD TO BUKIT TIMAH

We refer to the above.

Enclosed herewith are documents for your attention and actions.

Please issue payment in favor of MOVA AUTOMOTIVE PTE LTD.

If you have any enquiries, please contact us at 6272 3892 or alternatively:

- Ms Vivian, <u>vivianwkl@mova.com.sq</u> for feedback, workshop & claims matters, Lawyer Cases and all Own Damages & Windscreen matters.
- Ms Suanne Chiu, <u>suann@mova.com.sg</u> for all Third Party matters.

Thank you.

Note: Enclosed tax invoice & discharge voucher.

Yours faithfully For Claims Manager Claims Department

Tel: 62723892 Fax: 627083149

^{*}This is a computer generated letter and does not require a signature.





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.)	and (Third
Party's Vehicle No.) SHAP63R on ON OH 18	along
SIGNAL POOL OF BREET WANTED	
BY THIS POWER OF ATTORNEY, *I/We, MIKKONEY BANK WIKAEL	
2010/NX35068 & RIVEY VOITELY GROVE # 23 - OF RIVEYIA COVIDEN	(Address)
a company incorporate in Singapore and having	n its registered office at
72000	Vehicle Registered No.
hereby irrevocably appoint MOVA A	UTOMOTIVE PTE LTD,
(MOVA) a company incorporated in Singapore and having its registered office at B	lock 1008 Bukit Merah
Lane 3 #01-04/06/08 its agents or any person authorized by MOVA to be *my/our A	ttorney 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 which *I/we may have against the other *party/parties to the Accident and *policy/policies taken up by such *party/parties or alternatively under taken up by *me/us (substitution).	d under the insurance Insurance Policy No.
Insurance Company) in respect of the cost of repairs, loss of use/rental ar 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 bel shall in MOVA absolute discretion, deem fit. 3. To collect payment(s) due in respect of any such claim(s) for the loss and da	nd all other costs and half as *my/our Attorney
to be made by way of cheque in favor of MOVA AUTOMOTIVE PTE LTD and and discharge thereof. 4. For any of the purposes aforesaid, to execute, sign, seal and deliver all documents.	d to give a valid receipt
relation thereto. 5. Generally do all such acts as it shall deem necessary for the purpose of settl 6. To agree to any settlement at the absolute discretion of MOVA.	ling such claim(s) and
*I/We hereby declare that all acts, instruments and documents done by virtue of this *my/our behalf by the Attorney, its agents or any person authorized by MOVA in its be valid and effectual to all intents and purposes whatsoever as it is the same had been done in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments a executed by virtue of the authority and powers hereby conferred.	ehalf shall be as good or executed by * me/us
*I/We hereby further declare that the powers and authority hereby conferred shall re	main irrevocable.
*I/We further comfirm that the acceptance by MOVA of the settlement amount in respectfull discharge of my/our claim(s) in respect of such loss and damage.	t of such constitute the
*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day _	of the month
of, Year Two Thousand[8 (20[8).	
Signed, Sealed & Delivered By	

Customer's Name: WKKM/EN SAMM WHEAT NRIC No:

Co's Rubber Stamp, where applicable.

Insurer's copy

*delete as appropriate.