Workshop Address: Blk 1008, Bukit Merah Lane 3

01-04/06/08 Singapore 159722



"WITHOUT PREJUDICE"

Your Ref Our Ref : 18/18/18/VC05/021020 : SLS5947T / T421018

Date

: 30 May 2019

LONPAC INSURANCE BERHAD 300 Beach Road #17-04/07 The Concourse Singapore 199555.

ATTN: MOTOR CLAIMS DEPT

Dear Sir / Madam,

ACCIDENT INVOLVING SLS5947T & YL6332T ON 11/10/2018 ALONG BLK 523 JURONG WEST ST 52 CAR PARK

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.sg</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.



LONPAC INSURANCE BHD

CLAIM NO : 18/18/18/VC05/021020

DATE

: 07 MAY 2019

DISCHARGE VOUCHER

I/We, SHAFIE BIN ABU BAKAR confirmed acceptance from M/s LONPAC INSURANCE BHD and/or owner of YL 6332T the sum of Singapore Dollar One Thousand Eight Hundred Only (\$1,800.00) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving YL 6332T and SLS 5947T on 11 October 2018 along BLK 523 JURONG WEST ST 52 CARPARK.

I /We hereby agree to indemnify and keep indemnify (LONPAC INSURANCE BHD/ ONG HONG GHEE) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to MOVA AUTOMOTIVE PTE LTD.

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

Signature of vehicle owner/Date

Name of vehicle owner /Date



Main Office:

Mari Office:

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

Workshop Dept:

:- SLS5947T Veh#

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722 MAZDA MAZDA2 AT R

U.Price

132886

CK630383 Tax#

:- T421018 JOB#

11/10/18 ACC. Date :-

C.O.D Terms

Remarks

Veh Model :-

Page #

Tel: (65) 6272 3892 Fax: (65) 6270 8314 Co. Reg. 198904033G GST Reg. M2-0088864-2

Attention :- XA025

No.

Description

SINGAPORE 199555.

Tax Invoice

LONPAC INSURANCE BHD

#17-04/07 The Concourse

30/05/2019

300 BEACH ROAD

Qty

Amounts S\$

Lump Sum Amount

1,320.00

E. & O.E

AMOUNT S\$

1,320.00

GST @ 7 %

92.40

AMOUNT DUE S\$

1,412.40

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD





Main Office: Mova Building, No. 22 Jalan Kilang, Singapore 159419. Tel: (65) 6476 3333 Fax: (65) 6271 5891 Website: www.rnova.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

| CCIDENT INVOLVING (Owner's Vehicle | | and (Third along |
|---|---|--------------------------------|
| arty's Vehicle No.) | on 11/10/2018 | along |
| blk 523 Turong West Str | ect 52 Carpark | |
| | e, Shafie by Aby Bakar | |
| Y THIS POWER OF ATTORNEY, 1/W | *NRIC/Passport No. SAS2 | 8243E (Address)* |
| IK 2751 JUVONA West St | ept 25 # 04-107 5(64229 | |
| | a company incorporate in Singapore and I | |
| | a company incorporate in emgapers and | ner of Vehicle Registered No. |
| Address)* | hereby irrevocably appoint MC | |
| | ingapore and having its registered office | at Block 1008 Bukit Merah |
| MOVA) a company incorporated in Si | person authorized by MOVA to be *my/ | our Attorney and in *my/our |
| ane 3 #01-04/06/08 its agents or any | person authorized by MOVA to be my. | |
| ame(s) and on *my/our behalf to do al | or any of the following . | |
| which *I/we may have agains *policy/policies taken up by | any claim(s) (including the commence the other *party/parties to the Accident such *party/parties or alternatively taken up by *me/parties* | inder Insurance Policy No |
| expenses, etc suffered by *me/s 2. For the purpose of such claim(s) shall in MOVA absolute discret | | our behalf as *my/our Attorne |
| to be made by way of cheque | in favor of MOVA AUTOMOTIVE PTE LT | and to give a tame |
| relation thereto. 5. Generally do all such acts as i 6. To agree to any settlement at | t shall deem necessary for the purpose the absolute discretion of MOVA. | of settling such claim(s) an |
| I/We hereby declare that all acts, ins my/our behalf by the Attorney, its agr | struments and documents done by virtue ents or any person authorized by MOVA poses whatsoever as it is the same had bee we hereby ratify and confirm, all acts, instru | n done or executed by * me/u |
| I/We hereby further declare that the p | owers and authority hereby conferred | shall remain irrevocable. |
| *I/We further comfirm that the accepta full discharge of my/our claim(s) in res | nce by MOVA of the settlement amount in | respect of such constitute the |
| *IN WITNESS WHEREOF. *I/We have | hereunto to set *my/our hand and seal th housand (20). | is day of the mon |
| Signed, Sealed & Delivered By | | |
| | | |
| | | |

Customer's Name: Swide Alexander NRIC No: 125,38343 & Co's Rubber Stamp, where applicable.