



Automotive Pte Ltd

Our Ref : YL7727G / T590319  
 Your Ref : TO BE ADVICED  
 Date : 11 April 2019

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

**ATTN : MOTOR CLAIMS DEPT**

Dear Sir/Mdm

**ACCIDENT INVOLVING: YL7727G & XD9755R**

**DATE OF ACCIDENT: 19 MARCH 2019**

**ALONG: LOYANG CRESCENT (INSIDE YARD BERTH AREA)**

**We refer to the above.**

We are claiming as per below:

Cost of Repairs	\$ 5,029.00
Loss of Use (\$ 120.00 x 09 days)	\$ 1,080.00
Loss of Rental (\$ __ x __ days) + 7%	\$
Towing Fees	\$
Medical Fee	\$
LTA /GIA Search Fee	\$ 2.00
E-Day License	\$
Loss of Income (\$ __ x __ days)	\$
<b>Grand Total</b>	<b>\$ 6,111.00</b>

Documents enclosed:

Car date in: **29.03.2019** Car date out: **06.04.2019**

Authorized Repair Days: **06** (TP/OD/WS/Recovery of Incidental Costs)

<input checked="" type="checkbox"/>	Invoice	<input type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Excess Invoice	<input checked="" type="checkbox"/>	LTA/GIA Search Bill
<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>	Taxi Bill
<input checked="" type="checkbox"/>	Police Investigation Report/GIA	<input type="checkbox"/>	Medical Bill (photocopy)
<input type="checkbox"/>	Copies of NRIC/License of Owner/Driver	<input type="checkbox"/>	Income Statement
<input type="checkbox"/>	Rental Bill/Rental Agreement	<input type="checkbox"/>	E-Day License receipt (photocopy)
<input type="checkbox"/>	Survey Report with Photographs	<input type="checkbox"/>	Towing Fee (photocopy)
<input type="checkbox"/>	Vehicle Registration Card/COE	<input type="checkbox"/>	Witness Statement
<input type="checkbox"/>	Letter from Supplier	<input type="checkbox"/>	Traffic Police Investigation Result

Please issue the payment of **S\$ 6,111.00** in favor of **MOVA AUTOMOTIVE PTE LTD.**

If you have any enquires, please call or email **Suann Chiu** – [suann@moval.com.sg](mailto:suann@moval.com.sg)

Thank you.  
Yours faithfully,  
For Claims Manager  
Claims Department

**Main Office:**

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

**Workshop Dept:**

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

**NOTE:** # Please note that the Loss of Use/Rental will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

# As of 01.06.08 all claims scenario will be based on the BOLA, Barometer Of Liability set by GIA, General Insurance Association of Singapore.

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

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

# Performa Invoice

10/04/2019

LONPAC INSURANCE BHD  
 300 BEACH ROAD  
 #17-04/07 The Concourse  
 SINGAPORE 199555.

Attention :- XA025

Page # :- 1 134419

Veh # :- YL7727G

Veh Model :- MITSUBISHI FE639ETOSRDE

Performa# :- CK508146

JOB # :- T590319

ACC. Date :- 19/03/19

Terms :- C.O.D

Remarks :-

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

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 Block 1008,  
 Bukit Merah Lane 3,  
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No.	Description	Qty	U.Price	Amounts S\$
	Lump Sum Amount			4,700.00

E. & O.E

AMOUNT S\$	4,700.00
GST @ 7 %	329.00
AMOUNT DUE S\$	5,029.00

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



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

### Third Party Insurer Enquiry

Our Ref No: GR-19-045327  
Date of Request: 22/03/2019

Your Ref No: Online Purchase

Mova Automotive Pte Ltd  
Blk 1008, #01-04/06/08/94  
Bukit Merah Lane 3  
Singapore 159722

Dear Sir/Madam,

Enquiry Date: 22/03/2019  
Enquiry By: Goh Jia Yu  
TP Vehicle No.: XD9755R  
Accident Date: 19/03/2019

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
XD9755R	Lonpac Insurance Bhd	30/10/2018-29/10/2019	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-045327  
Date of Request: 22/03/2019

Your Ref No: Online Purchase

Mova Automotive Pte Ltd  
Blk 1008, #01-04/06/08/94  
Bukit Merah Lane 3  
Singapore 159722

Dear Sir/Madam,

Enquiry Date 22/03/2019  
Enquiry By Goh Jia Yu  
TP Vehicle No. XD9755R  
Accident Date 19/03/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque