

BY EMAIL

WITHOUT PREJUDICE

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

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

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

Our Ref: GBF6284C / T270722

Your Ref: 33769MID

Date: 10 January 2023

MINDEF MINDEF BUILDING 303 GOMBAK DRIVE

Singapore 669645

Attn: Motor Claims Department

Dear Sir/Mdm

ACCIDENT INVOLVING:

GBF6284C & 33769MID

DATE OF ACCIDENT:

16 April 2022

ALONG:

TUAS VIADUCT

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

Cost of Repairs	\$	4,333.50
#Loss of Use (\$_ x days)	\$	-
Loss of Rental (\$ <u>150</u> x <u>16</u> days) + 7% GST	\$	2,568.00
Loss of Income (\$ x days)	\$	-
LTA Fees		
Police Report / GIA	\$	-
Medical Fee	\$	-
Excess	\$	-
Grand Total	Ś	6,901.50

Car date in:

27/6/2022

Car date out:

12/7/2022

Authorized Repair Days:

(TP/OD/WS/Recovery of Incidental Costs)

Please pay the amount of

\$ 6,901.50 in favour of MOVA AUTOMOTIVE PTE LTD.

If you have any enquiries, please call Ms Suann @ 6272 3892 or email suann@mova.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).





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POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.)	GBF	6284L	and (Third
Party's Vehicle No.) 3376 9MID on	(6)	4/22	along
Tues Vigdact		1000	
BY THIS POWER OF ATTORNEY, *I/We,	VLF PTE LT	Û	
NF	RIC/Passport No	. 200516094K	(Address)
		/	
a company i	ncorporate in Si		
(Address)*	arahy irrayaaah	owner of veni ly appoint MOVA AUTO	cle Registered No.
(MOVA) a company incorporated in Singapore and			
Lane 3 #01-04/06/08 its agents or any person auth			
name(s) and on *my/our behalf to do all or any of the		The sea myrear ratem	by and in my/bar
1 To outbrilt reaches and make any claim/a	(including the	a commonoment of I	ogal proceedings)
 To submit, resolve and make any claim(s which *I/we may have against the other * *policy/policies taken up by such *party 	party/parties to parties or alte	the Accident and un	der the insurance rance Policy No.
Insurance Company) in respect of the cos expenses, etc suffered by *me/us arising fror 2. For the purpose of such claim(s) as aforesaid,	n the Accident (loss and damage).	
shall in MOVA absolute discretion, deem fit		150 V	
To collect payment(s) due in respect of any be made by way of cheque in favor of MO			
and discharge thereof.4. For any of the purposes aforesaid, to execute	e, sign, seal ar	nd deliver all docume	nts whatsoever in
relation thereto. 5. Generally do all such acts as it shall deem r 6. To agree to any settlement at the absolute			such claim(s) and
*I/We hereby declare that all acts, instruments and *my/our behalf by the Attorney, its agents or any per- valid and effectual to all intents and purposes whatsom in *my/our own proper person(s) and *I/we hereby ra- or executed by virtue of the authority and powers here	erson authorized ever as it is the s tify and confirm,	d by MOVA in its behal ame had been done or e all acts, instruments an	If shall be as good executed by *me/us
*I/We hereby further declare that the powers and a	ıthority hereby	conferred shall rema	in irrevocable.
*I/We further confirm that the acceptance by MOVA full discharge of my/our claim(s) in respect of such I			such constitute the
*IN WITNESS WHEREOF. *I/We have hereunto to se of, Year Two Thousand	et *my/our hand (20 _7 7	and seal this day	7 of the month
Signed, Sealed & Delivered By	Ξ,		
304 ORCHARD ROAD #03			
SINGAPORE 238863 TEL: 67333277 FAX: 67333	272		
Customer's Name:	er i villa		
NRIC No:			

MOVA's copy

*delete as appropriate.

Co's Rubber Stamp, where applicable.

The acceptance of this offer is without prejudice to an incersonal injury claim/insure's claim/expenses

DISCHARGE VOUCHER AND INDEMNITY

Claimant Ref: GBF6284C

Name and Designation of Witness:

IOD No: CY 22/MID33769/160422/0017

I / We, the undersigned <u>VCF PTE LTD</u> DO HEREBY AGREE that payment by the Government of the Republic of Singapore as represented by the Ministry of Defence (hereinafter referred to as the "Government") of the sum of <u>SGD FIVE THOUSAND</u> <u>EIGHTY TWO AND CENTS FIFTY ONLY (S\$5,082.50)</u> shall be the full and final settlement of all claims (other than Personal Injury Claims) howsoever arising out of or in connection with the damages caused to my/our vehicle no. <u>GBF6284C</u>, in an accident involving Government vehicle no. <u>MID33769</u> on <u>29/04/2022</u> at/ along <u>TUAS VIADUCT</u>.

I/ We hereby authorize you to make payment in favour of MOVA AUTOMOTIVE PTE LTD.

I/ We agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I/We declare that I/We have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Personal Injury Claims) which may arise out of the aforesaid accident.

I/We also declare that I am/We are the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

		304 ORCHARD ROAD #03-20 LUCKY PLAZA	
Date: 17 IAPRIL	2023	SINGAPORE 238863	
		TEL: 67333277 FAX: 67333272	G. 16
Signature of Claimant (w	ith company stamp if a	oplicable): Aga hazrer	E ill
Name of Claimant: VCF	Pte Ltd		
f the Claimant is a Com			
Of the person signing on	behalf of the Company	or Firm.	
		MOVA ALTOMOTIVE	
Signature of Witness:		MOVA AUTOMOTIVE PTE LI BIK 1008, BUKIT MERAH LANE	D

#01-04 (S) 159722

Tel: 6272 3832 Fax: 6270 8314 GST Reg No : M2-0088864-2



TAX INVOICE

18/4/2023

MINDEF

MINDEF BUILDING

303 GOMBAK DRIVE

SINGAPORE 669645

Page:

Vehicle No:

Tax Invoice:

Vehicle Model:

1

GBF6284C

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

Tel: **(65) 6476 3333** Fax: (65) 6271 5891 www.mova.com.sg

Main Office: Mova Building No. 22, Jalan Kilang, Singapore 159419

NISSAN NV350 Tel: (65) 6272 3892 Fax: (65) 6270 8314

CD0845T T270722

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

Claims ref: Accident Date:

16/04/22

Terms:

C.O.D Days

Remarks:

No	Description	Qty	U. Price	Ar	nounts S\$
1	LUMP SUM AMOUNT			\$	4,050.00
			AMOUNT S\$	\$	4,050.00
			GST @ 7%	\$	283.50
			AMOUNT DUE S\$	\$	4,333.50

Customer's Signature

MOVA AUTOMOTIVE PTE LTD



Automotive Pte Ltd Main Office: No. 22 Jalan Kilang, Singapore 159419 **Bukit Merah Branch:**

Buk t Werah Branch: 1 #01-50, Singapore 150122
Fan Yoong Branch: No. 15 Fan Yoong Road, Singapore 629792
Tel: (65) 6476 3333 Eax: (65) 6270 8314
24 Hours Breakdown Service: (65) 9799 8888
Bedok Branch: 219 Bedok Central #01-138, Singapore 460219

RENTAL AGREEMENT

RANO.: I 13839

Website: www.mova.com.sq DECEIVED 13 III 2072

Co. Reg. No.: 198	904033G Tel: (65) 60	604 7877		KECEIVEDI	11560
	RENTAL DETAILS		INSURANCE EXCESS AMOUNT		
Vehicle Make/Model:	NVBBOD	Vehicle No: NV 69	Singapore	Malaysia	Signature
Date/Time Out:	27-6-27	11,00	ss 2000	S\$	Λ ,
Petrol Level Out:	E 1/8 1/4 3/8 1/2	5/8 3/4 7/8 F	Per Accident	Per Accident	
Date/ Time In:	12/7/22	1625	Charges		MAN
Petrol Level In:	E 1/8 1/4 3/8 (1/2)	5/8 3/4 7/8 F	Months @\$	Per Month	1100
Change Over 1:	Date:	Initial:	Weeks @\$	Per Week	7
Change Over 2:	Date:	Initial:	16 Days @\$ 1	Per Day	2400
KM Out: 8754	KM In:		Hours @\$	Per Hour	
)	HIRER DETAILS		Sub	o-Total	
Named Hirer			Less Discount	%	
me:	ARUNASALAM	PARANTHAMAN	Renta	Charges	
Address:	BIK 290G	Buker Bortok	CDW @\$	per day / week / month	
	St24 #02.	95 8 (656290)	PAI @\$ Petrol Top-Up	per day / week / month	
			Misc Charges		
Identity Card No:	8009795	-99.	GST 770		168.00
Date of Birth:	511	154	Т	otal	2568.00
Driving License:	29-47-95	eg .	VISA / MASTER CARD / AMEX	CASH / COMPANY BILLING / OTHERS	
Country of Issue:	Sq.		Pre-Payment		
Tel:	(HP) 8211 2400 (O)		Downpayment and Deposit		
Nationality:	26.		Amount Refunded/ Due		
Effective Date:	03 Sep	1979	Signature of Refund		
Additional Hirer	1	`	Remarks:		
Name:			GBF6284	LC	
Address:			GBF6284C Invoice No: Ref. No:		Ref. No:
			Checked Out By:	Checked In By:	Checked By:
Identity Card No:					
Date of Birth:					
Driving License:			Sales-	In Charge:	
Country of Issue:			Past 3 years accidents YES NO		1
Tel:	(HP)	(0)			
Nationality:					
Effective Date:					
after the conclusion of my	rental not restricted to parking or	ended on both sides of this Vehicle traffic infringements during my pe n by me are true in connection to t	riod of hire, I will agreed the	agreed that if there is any or nat these outstanding paym	utstånding amount payabl ent be billed to my charge

Hirer's Signatory / Company Stamp (if corporate hirer)

Authorised Manager Signature

Date & Time

IMPORTANT

- 1. Only authorized drivers with valid driving lidense of minimum 2 years may drive the rental vehicle.
- All rental vehicles are strictly for Singapore use only, and may not be driven outside Singapore without prior approval of MOVA Automobile.
 In any accident, the Hirer must report to MOVA Automobile immediately. The Hirer shall endeavor to assist in all manners possible.
 The Hirer shall be liable for all excess charges (if any) for late return at the hourly rate shown, inclusive of CDW and PAI. Late return of more than 4 hours will be considered
- as a day rental.

 5. All traffic infringements and summons (if any) are the responsibility of the Hirer.