

Our Ref : SLZ4321T / T480323
Your Ref : CC4/AIS23001357/pa3
Date : 22 June 2023

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

BY EMAIL
WITHOUT PREJUDICE

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

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD
#09-01
Singapore 068897
Attn: Motor Claims Department

Dear Sir/Mdm

ACCIDENT INVOLVING: SLZ4321T & SMP8273M
DATE OF ACCIDENT: 3 February 2023
ALONG: UPPER SERANGOON ROAD

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

Cost of Repairs	\$	4,428.00
#Loss of Use (\$_ x _ days)	\$	-
Loss of Rental (\$ 120.00 x 07 days) + 8% GST	\$	907.20
Loss of Income (\$_ x _ days)	\$	-
LTA Fees	\$	-
Police Report / GIA	\$	2.00
Medical Fee	\$	-
Excess	\$	-
Grand Total	\$	5,337.20

Car date in: 7/3/2023
Car date out: 14/3/2023

Authorized Repair Days: 6 (~~TP/OD/WS/Recovery of Incidental Costs~~)

Please pay the amount of \$ 5,337.20 in favour of **MOVA AUTOMOTIVE PTE LTD.**
If you have any enquiries, please call Ms Suann @ 6272 3892 or email suann@moval.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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PERFORMA INVOICE

17/6/2023

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD
#09-01
SINGAPORE 068897

Page: 1
Vehicle No: SLZ4321T
Vehicle Model: H/ELANTRA
Tax Invoice: CD1585
Claims ref: T480323
Accident Date: 3/2/2023
Terms: C.O.D Days
Remarks:

No	Description	Qty	U. Price	Amounts S\$
1	COST OF REPAIR			\$ 4,100.00

AMOUNT S\$ \$ 4,100.00
GST @ 8% \$ 328.00
AMOUNT DUE S\$ \$ 4,428.00

Customer's Signature


MOVA AUTOMOTIVE PTE LTD

**MOVA**

AUTOMOTIVE PTE LTD

Website: www.mova.com.sg
Co. Reg. No.: 198904033G**Automotive Pte Ltd**Main Office: No. 22 Jalan Kilang, Singapore 159419
Bukit Merah Branch:
Blk 122 Bukit Merah Lane 1 #01-50, Singapore 150122
Fan Yoong Branch: No. 15 Fan Yoong Road, Singapore 629792
Tel: (65) 6476 3333 Fax: (65) 6270 8314
24 Hours Breakdown Service: (65) 9799 8888
Bedok Branch: 219 Bedok Central #01-138, Singapore 460219
Tel: (65) 6604 7877**RENTAL AGREEMENT**

RA NO.: I 14285

No RK 509098
Klo Malaysia

RENTAL DETAILS			INSURANCE EXCESS AMOUNT		
Vehicle Make/Model:	Hyundai Avante	Vehicle No:	SMR25147	Singapore	Malaysia
Date/Time Out:	7/3/2023			S\$ 2500	S\$ /
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:	14/3/2023		1626	Charges	
Petrol Level In:	E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F			Months @\$	Per Month
Change Over 1:	Date:	Initial:		Weeks @\$	Per Week
Change Over 2:	Date:	Initial:		7 Days @\$ 120	Per Day
KM Out:		KM In:		Hours @\$	Per Hour
HIRER DETAILS			Sub-Total		
Named Hirer			Less Discount		%
Name:	Daniel Woon TianXiang		Rental Charges		
Address:			CDW @\$	per day / week / month	
			PAI @\$	per day / week / month	
			Petrol Top-Up		
			Misc Charges		
Identity Card No:	S8890106A		GST 8%		67.20
Date of Birth:	22/4/1988		Total	\$	907.20
Driving License:			VISA / MASTER CARD / AMEX	CASH / COMPANY BILLING / OTHERS	
Country of Issue:	Singapore		Pre-Payment		
Tel:	(HP) 97482908	(O)	Downpayment and Deposit		
Nationality:			Amount Refunded/ Due		
Effective Date:			Signature of Refund		
Additional Hirer			Remarks:		
Name:			SL 24321T		
Address:			Invoice No: Anni		
			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 <input type="checkbox"/> NO <input type="checkbox"/>		
Tel:	(HP)	(O)			
Nationality:					
Effective Date:					

I fully understand and agreed to the terms and condition appended on both sides of this Vehicle Rental Agreement. I also agreed that if there is any outstanding amount payable after the conclusion of my rental not restricted to parking or traffic infringements during my period of hire, I will agreed that these outstanding payment be billed to my charge/ credit card voucher given above. All above information given by me are true in connection to this agreement.

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

Authorised Manager Signature

Date & Time

IMPORTANT

1. Only authorized drivers with valid driving license of minimum 2 years may drive the rental vehicle.
2. All rental vehicles are strictly for Singapore use only, and may not be driven outside Singapore without prior approval of MOVA Automobile.
3. In any accident, the Hirer must report to MOVA Automobile immediately. The Hirer shall endeavor to assist in all manners possible.
4. 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.


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMP8273M

Date of Accident

03/02/2023 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Allianz Insurance Singapore P...**Period of Insurance **17/10/2022 - 16/10/2024**Requested By **Avril (MOVA AUTOMOTIVE PTE ...**Requested Date **04/02/2023 09:54****Payment details**Request Amount: **S\$1.85**GST Amount: **S\$0.15**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

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POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) SL24321T and (Third
 Party's Vehicle No.) JMP8273M on 31/2/23 along
Upper Serangoon Road

BY THIS POWER OF ATTORNEY, *I/We, Daniel Woon Tian Xiang
 _____ *NRIC/Passport No. S8890106A (Address)*
 _____ / _____

_____ 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 :

1. 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. _____ taken up by *me/us (subject to approval by my Insurance Company) in respect of the cost of repairs, loss of use/rental and all other costs and 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 behalf as *my/our Attorney shall in MOVA absolute **discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of **MOVA AUTOMOTIVE PTE LTD** and to give a valid receipt and discharge thereof.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
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 confirm 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 7 of the month of March, Year Two Thousand - 23 (20 23).

Signed, Sealed & Delivered By


 Customer's Name: Daniel Woon Tian Xiang
 NRIC No: S 8890106 A
 Co's Rubber Stamp, where applicable.

MOVA's copy

***delete as appropriate.**