

SPEEDWERKZ PTE LTD

ROC: 202127390C

Email: info@speedwerkz.biz

Add: 1 Kaki Bukit Avenue 6 #01-73 Autobay@Kaki Bukit Singapore 417883

+65 96195936

Letter Of Demand

Date

: 30th September 2024

Ref No.: GBF 1865J

To

: India International Insurance Pte Ltd

6 Raffles Quay,

#22-00,

Singapore 048580

Thru: LKK AUTO CONSULTANTS PTE LTD

Attention: Motor-Claims Dept

Dear Officer-in-Charge

Case: Accident claim for vehicle SMH 5288H & GBF 1865J DOA ON 18.09.2024

With reference to the above case.

Please find attached copies.

Invoice Reference SWIV24-0900268	S\$ 6,540.00
Loss Of Rental	S\$ 1,050.00
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 27.25
Total Cost	S\$ 7,617.25

our Faithfully

Julie

E-mail: info@speedwerkz.biz



Invoice

SPEEDWERKZ PRIVATE LIMITED (202127390C)

1 Kaki Bukit Avenue 6 #01-73 Autobay@Kaki Bukit Singapore 417883

Hp: 9619 5936 email: info@speedwerkz.biz

Date: 30.09.2024

Invoice #: SWIV24-0900268

India International Insurance Pte Ltd

ATT: MOTOR CLAIM DEPARTMENT

6 Raffles Quay,

#22-00,

Singapore 048580

Vehicle Number: SMH 5288H

Vehicle Make/Model: HONDA SHUTTLE 1.5A

Chassis/Eng: GP72002595

Claim Number:

D.O.A: 18.09.2024

Mileage:

Remark: TP / GBF 1865J

Qty Description Unit Price * LUMPSUM REPAIR	\$	Amount 6,000.00
EOWN JOWN RELATION	7	0,000.00
9% Total	\$	540.00 6,540.00

Thank you for your business!

Make all checks payable to "SPEEDWERKZ PRIVATE LIMITED"

Paynow UEN to: 202127390C / UOB ACCOUNT NUMBER: 388-322602-8





Invoice

LUXS_INV-0999

Date:

25-Sep-2024

Cashier:

Jannifer

Term:

Bill To: JOSEPH PRINCE YAGANAND 663B PUNGGOL DRIVE #07-244 SINGAPORE 822663

Contact:

Car No. Plate:

SML421B

Car Make/Model: HYUNDAI AD AVANTE 1.6 GLS (A)

Item Description

RENTAL (7 DAYS) 18/09/2024 - 25/09/2024

Amount (S\$)

1,050.00

Remarks: Sub Total:SGD 1,050.00 Discount:SGD

Total Amt. Payable:SGD

1,050.00



LZMOUSZNEE SERVICES PTE LTD LUXS LEASING & LIMOUSINES SERVICES PTE LTD

	HIRERS	PARTICOLARS		
Name:		iviobile Phone:		
Address(Residential):	3			
NRIC / Passport No.:		Home Phone:		
Phone: (Next of Kin / Friend):		Email:		
License Date / Country of Issue:		D.O.B:		
	VEHIC			
Model / Make: AVADATE		Vehicle Registration No:		
FRONT EAR MIN I D				
Legend: D = Dent S Additional Features in Vehicle:	S = Scratch C = Chip Off	R = Rust M = Missing L = Loose CR = Crack Delivery Address: Collection Address:		
, Additional Foundation in Foundation				
		Out Date: Out Time: Hirer Signature Staff Signature		
(s) of Rental	\$	18/9/24/20 24/24		
Maraysia Usage Charge	\$	11/0/12/10/11		
Additional Driver	\$	Return Date: Return Time: Hirer Signature Staff Signature		
CDW	\$	Les to the second		
GPS Rental	\$			
Surcharge	\$	OUT		
Miscellaneous Charges	\$	OUT IN		
Delivery	\$			
Collection	\$	E F E F		
Damage	\$	//		
Refundable Deposit	\$	Remarks:		
Total	\$			
Reservation	\$			
Balance	\$			

By signing on the below, I have agreed that all the information stated above are true and accurate at the time of print.

Hirer Signature

LETTER OF AUTHORISATION

To: SPEEDWERKZ PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS.	SMH 5288H & GBF 1865J			
ALONG CTE TOWARDS PIE (CHANG				
18.09.2024				
I/We L&N SERVICES	NRIC / Passport No.: <u>53392724B</u>			
the owner of vehicle no. SMH 5288H	hereby authorise you to commence			
repair to the said vehicle forthwith. In con	nsideration of you repairing my/our vehicle at my/			
our request:				

- 1) I/We hereby irrevocably authorise you to demand, claim, settle (in any manner you deem fit), receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc and to appoint any solicitor to act for me/us in respect of the claim and all or any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third-party claim to you and my/our solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated directly to you after deduction of their costs on a solicitor and client basis. I/We undertake to cooperate fully with you and my/our solicitors to see the claim to a successful conclusion.
- 2) If the third-party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim directly from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf.

- 3) If the own insurers' claim is not applicable and/or the third-party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.
- 4) I undertake to pay you the cost of repair of my vehicle and all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf, in the event the contents of my accident report is untrue or inaccurate or not believed by the court.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third-party/own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third-party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third-party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third-party claim and in case the settlement monies is sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repair settled and related expenses, costs and disbursement incurred.

Policy No. ______Expiry Date: _____

Date: _____Excess: _____

Owner's Signature/Co's Stamp (if applicable)

Witness Signature/Name

Date:

Attn: Motor Claims Department
INDIA INTERNATIONAL INSURANCE PTE LTD
Dear Sir Madam,
RE: ACCIDENT INVOLVING VEHICLE NOS. SMH 5288H & GBF 1865J ALON
CTE TOWARDS PIE (CHANGI) BEFORE BRADDELL ROAD EXIT
18.09.2024
I/We, the registered owner of vehicle registration no. SMH 5288H which was
involved in the above accident with vehicle no. GBF 1865J insured by
INDIA INTERNATIONAL INSURANCE PTE LTD hereby authorize that any payment due
to me/us from the above said claim be paid to SPEEDWERKZ PRIVATE LIMTED.
I/we hereby indemnify SPEEDWERKZ PRIVATE LIMITED against all claims and/or damages which may arise from all actions taken for or on my/our behalf.
Yours faithfully 533116
Owner Signature (company stamp if applicable)
Name in Full: L&N SERVICES
NRIC / FIN / UEN No: 53392724B

Address: 663B PUNGGOL RD #07-244 SINGAPORE 822603

LETTER OF AUTHORITY

	To : INDIA INTERNATIONAL INSURANCE PTE LTD
	Dear Sir,
	RE : ACCIDENT INVOLVING VEHICLE NOS. SMH 5288H & GBF 1865J along CTE TOWARDS PIE (CHANGI) BEFORE BRADDELL ROAD EXIT on
)	<u>18.09.2024</u> .
	I hereby authorize you to release the sum SGD being settlement
	sum for my property damage claim only to my (solicitors, workshop)
)	
	Yours faithfully,
	THE STATE OF THE S

Claimant's signature / company stamp (if applicable)

> Back to OneMotoring

Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

18 Sep 2024 / 13:01:46

Receipt Date/Time: 18 Sep 2024 / 13:01:46

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240918-001808

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBF1865J As at 18 Sep 2024/11:28:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - GBF1865J				
Enquiry Fee 20240918130104900617		25.00	2.25	27.25
	Sub-Total	25,00	2,25	27.25
	Total Before Rounding	25.00	2,25	27,25
	Rounding Difference			0.00
	Total Amount Payable			27.25
	Paid By			
	20240918130112207	Direct Debit: eNETS Debit (Internet Banking)		27.25
	Total			27.25
	Cash Change			0.00
	Tendered Amount			27.25
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.