

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

:5th December 2024

Ref No.: CD/III24110203/Uma3

To

: India International Insurance Pte Ltd

6 Raffles Quay,

#22-00,

Singapore 048580

Thru : M/s LKK AUTO CONSULTANTS PTE LTD

Attention: Motor-Claims Dept

Dear Officer-in-Charge

Case: Accident claim for vehicle SNL 905K & SLF 1637H DOA ON 08.11.2024

With reference to the above case.

Please find attached copies.

Invoice Reference SWIV24-1200328	S\$ 6,322.00
Loss Of Rental (\$110.00 x 5 days)	S\$ 550.00 (plus 1 day – PRI)
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 27.25
Total Cost	S\$ 6,899.25

Your 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: 05.12.2024

Invoice #: SWIV24-1200328

India International Insurance Pte Ltd

6 Raffles Quay,

#22-00,

Singapore 048580

Vehicle Number: SNL 905K

Vehicle Make/Model: MERC BENZ A180 FL STYLI

Chassis/Eng: WDD1760422J498320

Claim Number : CD/III24110203/Uma3 D.O.A : 08.11.2024

Mileage:

Remark: TP / SLF 1637H

ATT: MOTOR CLAIM DEPARTMENT

Qty Description Unit Pri		Amo	
* LUMPSUM REPAIR	\$		5,800.00
	00/ ¢		F22.00
To	9% \$ otal \$		522.00 6,322.00

Thank you for your business!

Make all checks payable to "SPEEDWERKZ PRIVATE LIMITED"

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





Invoice

EAZI_INV-1155

Date:

19-Nov-2024

Jannifer

Cashler: Term:

Bill To: N PRIYA

709 JURONG WEST ST 71 #09-28 S(640709

Contact: 9233 0471

Car No. Plate:

SMU 7156Z

Car Make/Model: TOYOTA YARIS E AUTO

Item Description

RENTAL (05 DAYS) - 11.11.2024 - 16.11.2024

Amount (S\$)

550.00

Remarks:

sub Total:SGD

550.00

Discount:SGD

Total Amt. Payable:SGD

550.00

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ERZI ERR LERSING & MARKETING PTE LIE

		HIRER'S R	ARIKUL AR S.			
Name: N PRIYA			4 min () () () () () () () () () (Mobile Phone 923	30471	
Address(Residential):				<u> </u>		
709 JURONG WEST ST 71	#09-28 S	(640709)				
NRIC / Passport No.:		,		Home Phone:		
S9333471Z Phone: (Next of Kin / Friend):				Email:		
License Date / Country of Issue:				D.O.B:		
Model / Make: TOYOTA YARIS E AUT)			Vehicle Registrat SMU 7156	ion No; SZ	
FRONT REAR						
Legend: D = Dent	S = Scratch	C = Chip Off	R = Rust M =	Missing L = Lo	ose CR = Crack	
Additional Features in Vehicle:	· · · · · · · · · · · · · · · · · · ·		Delivery Address:		Collection Addre	
	•					
			Out Date:	Out Time:	Hirer Signature	Staff Signature
ևաy(s) of Rental	\$		11.11.2024	1230pm	14-	
Malaysia Usage Charge	\$		11.11.2024		100	l'aj
Additional Driver	\$		Return Date:	Return Time:	Hirer Signature	Staff Signature
CDW	\$		16.11.2024			
GPS Rental	\$		10.11.2024			
Surcharge	\$					
Miscellaneous Charges	\$			OUT /	IN	
Delivery	\$, 1		, ,	1 ,
Collection	\$		E	~ / /		' /
Damage	\$		Ε	(6)	E	r
Refundable Deposit	\$		Remarks:			
Total	\$					Į.
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,



LETTER OF AUTHORISATION

To: SPEEDWERKZ PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS	Mr 402K	. &	PLF 1	1637H	
ALONG KJE FHOVER BKE					_ON
0811-24					
I/We Helpan Kunavesan the owner of vehicle no. SNL 905	NRIC / Passport No.: _ K hereby a	uthor	\$934 ise you	5 501C to comm	ence
repair to the said vehicle forthwith. In cons	sideration of you repa	airing	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.

My/Our insurer is/are

Policy No	Expiry Date:	
Date:	Excess:	WEN X PRIL PRIL PRIL PRIL PRIL PRIL PRIL PRIL
Owner's Signature/	(Co's Stamp (if applicable)	Witness Signature/Name
Date:		

Attn: Motor Claims Department
Dear Sir Madam,
RE: ACCIDENT INVOLVING VEHICLE NOS SNL 905K & SLF 637H ALONG
KJE Flyoner BKE ON
04.11.24
I/We, the registered owner of vehicle registration no. NL QOSK which was involved in the above accident with vehicle no. SLF (637H insured by 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
He
Owner Signature (company stamp if applicable)
Name in Full: Helan Kungresan
NRIC/FIN/UEN NO: S9345701C
Address: 79 Jalan Cemunine (169900)

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LETTER OF AUTHORITY

	To : 1
	Dear Sir,
)	RE : ACCIDENT INVOLVING VEHICLE NOS. NL 905K & SLF 10574 along KJE FYWY BKE on 00-11-2024
	I hereby authorize you to release the sum SGD being settlement sum for my property damage claim only to my (solicitors, workshop)
	Yours faithfully,

Claimant's signature / company stamp (if applicable)

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

11 Nov 2024 / 10:11:04

Receipt Date/Time: 11 Nov 2024 / 10:11:04

Tax Invoice/Receipt

Receipt No.: ITNET-00000-241111-000937

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 - SLF1637H As at 08 Nov 2024/17:55:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SLF1637H					
Enquiry Fee 20241111101024413746		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				
	20241111101032143		Direct Debit: eNETS Debit (Internet Banking)		
	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.