

**SPEEDWERKZ PRIVATE LIMITED**

GST/UEN No: 202127390C

Email: info@speedwerkz.biz

Mailing Address: 1 Kaki Bukit Ave 6 #01-47 AutoBay@Kaki Bukit Singapore 417883

Hotline: 9619 5936

**Letter Of Demand**Date : 18<sup>th</sup> February 2025

Ref No.: SHD 2396D

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 YQ 2032J & SHD 2396D DOA ON 12.11.2024**

With reference to the above case.

Please find attached copies.

Invoice Reference SWIV25-0200023	S\$ 1,635.00
Loss Of Use (\$150.00 x 3 days)	S\$ 450.00
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 27.25
Total Cost	S\$ 2,112.25

Your Faithfully,



Julie

E-mail: info@speedwerkz.biz



## LETTER OF AUTHORISATION

To: **SPEEDWERKZ PRIVATE LIMITED**

RE: ACCIDENT INVOLVING VEHICLE NOS. YQ 2032J & SHD 2396D  
ALONG SENGKANG EAST AFTER TPE ON  
12.11.2024 .

**JM LOGISTICS AND TRANSPORTS**  
I/We PTE. LTD. NRIC / Passport No.: (202133466R)  
the owner of vehicle no. YQ 2032J hereby authorise you to commence  
repair to the said vehicle forthwith. In consideration 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 co-operate 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: \_\_\_\_\_



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. YQ 2032J & SHD 2396D ALONG  
SENGKANG EAST AFTER TPE ON  
12.11.2024.

I/We, the registered owner of vehicle registration no. YQ 2032J which was  
involved in the above accident with vehicle no. SHD 2396D 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 LIMITED.**

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



Owner Signature (company stamp if applicable)

Name in Full: JM LOGISTICS AND TRANSPORTS PTE. LTD.

NRIC / FIN / UEN No: (202133466R)

Address: 34 JOO AVENUE SINGAPORE (219329)

## **LETTER OF AUTHORITY**

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sir,

RE : ACCIDENT INVOLVING VEHICLE NOS. YQ 2032J & SHD 2396D  
along SENGKANG EAST AFTER TPE on  
12.11.2024.

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  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 13 Nov 2024 / 14:43:55

Receipt Date/Time : 13 Nov 2024 / 14:43:55

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-241113-002767

Previous Receipt No. :

**S/N Item Description/  
Business Transaction Reference  
No.**

<b>Amount Before GST (S\$)</b>	<b>GST Amount (S\$)</b>	<b>Amount After GST (S\$)</b>
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Result of Insurance Enquiry - SHD2396D

As at 12 Nov 2024/13:05:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHD2396D  
Enquiry Fee  
20241113144316556482

25.00	2.25	27.25
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<b>Sub-Total</b>	25.00	2.25	27.25
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<b>Total Before Rounding</b>	25.00	2.25	27.25
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<b>Rounding Difference</b>			0.00
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<b>Total Amount Payable</b>			27.25
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Paid By

20241113144322151

Direct Debit: eNETS Debit  
(Internet Banking) 27.25

<b>Total</b>			27.25
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<b>Cash Change</b>			0.00
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<b>Tendered Amount</b>			27.25
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<b>Excess Refundable Amount</b>			0.00
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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.