



SPEEDWERKZ PTE LTD

ROC: 202127390C

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

+65 96195936

Letter Of Demand

Date : 24th July 2024

Ref No.: SNM 260G

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 SMA 6212G & SNM 260G ON 14.07.2024

With reference to the above case.

Please find attached copies.

Invoice Reference SWIV24-0700206	S\$ 7,630.00
Loss Of Use (\$100.00 x 07 days)	S\$ 700.00
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 27.25
Total Cost	S\$ 8,357.25

Your Faithfully,



Julie

E-mail: info@speedwerkz.biz



Date: 24.07.2024

Invoice #: SWIV24-0700206

India International Insurance Pte Ltd

6 Raffles Quay,

#22-00,

Singapore 048580

Vehicle Number : SMA 6212G

Vehicle Make/Model : TOYOTA SIENTA 1.5 CVT

Chassis/Eng : MHFZ28H3100054054

Claim Number :

D.O.A : 14.07.2024

Mileage :

Remark : TP / SNM 260G

ATT: MOTOR CLAIM DEPARTMENT



Thank you for your business!

Make all checks payable to "SPEEDWERKZ PRIVATE LIMITED"

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

LETTER OF AUTHORISATION

TO: SPEEDWERKZ PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS. SMA 62126 & SNM 2606
ALONG Bayfront Avenue Junction of Marina Boulevard ON
14.07.24

I/We Samudin Bin Omar NRIC / Passport No.: S7200134F
the owner of vehicle no SMA 62126 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

III

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. SMA 62126 & SNM 2606 ALONG
Maringa Boulevard ON
10-7-21

I/We, the registered owner of vehicle registration no. SMA 62126 which was
involved in the above accident with vehicle no. SNM 2606 insured by
II 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: Samsudin Bin Omar

NRIC / FIN / UEN No: 57200124F

Address: 24A Juruong East #24 #11-609 S(600244)

LETTER OF AUTHORITY

To:

III

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. SMAG2126 & SNM2806 ALONG
Marina Boulevard ON
4.57.24.

I hereby authorize you to release the sum of \$ _____ being the 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 : 15 Jul 2024 / 13:29:29

Receipt Date/Time : 15 Jul 2024 / 13:29:29

Tax Invoice/Receipt

Receipt No. : ITNET-00000-240715-002074

Previous Receipt No. :

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

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SNM260G

As at 14 Jul 2024/13:10:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SNM260G
Enquiry Fee
20240715132847658785

25.00	2.25	27.25
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Sub-Total	25.00	2.25	27.25
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Total Before Rounding	25.00	2.25	27.25
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Rounding Difference			0.00
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Total Amount Payable			27.25
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Paid By

20240715132853128

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.