

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 : 14.11.2022

Ref No.: SJP 9594R

To

: ALLIANZ INSURANCE SINGAPORE PTE LTD

79 Robinson Road,

#09-01

Singapore 068897

Thru: LKK AUTO CONSULTANTS PTE LTD

Attention: Motor-Claims Dept

Dear Officer-in-Charge

Case: Accident claim for vehicle SMJ 5797U & SJP 9594R on 28.10.2022

With reference to above case.

Please find attached copies.

Invoice Reference – INVOICE 1384	S\$ 5,000.00
Loss of Rental –	S\$ 975.00
Authorization Letter	
LTA Search Fee	S\$ 7.45
Total Cost	S\$ 5,982.45

Your Faithfully

Julie

E-mail: admin@speedwerkz.biz



Speedwerkz Pte Ltd

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

INVOICE 1384

DATE 14/11/2022 **TERMS** Net 60

DUE DATE 13/01/2023

DATE ACTIVITY DESCRIPTION QTY RATE AMOUNT

LUMP SUM REPAIR FOR SMJ 5797U 1 5,000.00 5,000.00
AS
RECOMMENDED & AGREED WITH SURVEYOR

THANKS

TOTAL DUE \$\$5,000.00

Company Registration No.202127390C

Bank Account Details: UOB 3883226028 PAYNOW:202127390C

All Payments are transacted in Singapore Dollars only.
All Payments are non-refundable or exchangeable.
Thanks for your patronage



Invoice

LUXS_INV-0598

Date:

04-Nov-2022

Cashier:

Jane

Term:

Bill To: LIM HNG YONG

182 JELEBU ROAD #23-56 S(670182)

Contact:

98322565

Car No. Plate:

SML421B

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

Item Description

Amount (S\$)

Rental (6.5 Days) 29-Oct-2022 - 04-Nov-2022

975.00

Remarks:

SMJ5797 U

Sub Total:SGD

975.00

Discount:SGD

Total Amt. Payable:SGD

975.00

LETTER OF AUTHORISATION

To: SPEEDWERKZ PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS.				
ALONG SIP Rd of BK+ Papane Tw	ds BGPanDn6	RING	Poad	ON
21.10.2022	1			

the owner of vehicle no SMJ5797U 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:	PRIVATE
Date: Excess:	- A THE TOTAL SECTION OF THE SECTION
•	* SPEE
Owner's Signature/Co's Stamp (if applicable)	Witness Signature/Name
Date:	

Attn: Motor Claims Department ALLIAN & Insurance spore Physical Dear Sir / Madam, RE: ACCIDENT INVOLVING VEHICLE NOS. SWJ57974 & SJP9594R ALONG Slip Rd of BEST PanDine Tonard PKT PanDing Rine road 28.10.2022 I/We, the registered owner of vehicle registration no. SMJ 57974 which was involved in the above accident with vehicle no. _STY 9594R insured by ALIAN INSUPANCE PL 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: _____LIM Hn6 Yon6

NRIC / FIN / UEN No:

5/4/16914

LETTER OF AUTHORITY

TO: ALLIANZ INSUMNCE Spare Ptc 4d
Dear Sirs,
RE: ACCIDENT INVOLVING VEHICLE NOS. SMJ57974 & SJR9594R ALONG Slipkdof Blataning Twds Bletraning Ring Rd on
I hereby authorize you to release the sum of \$ being the settlement sum for my property damage claim only to my (solicitors, workshop) Steedwift The Holland
Yours faithfully,
Claimant's signature / company stamp (if applicable)
i .



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

31 Oct 2022 / 10:10:11

Receipt Date/Time: 31 Oct 2022 / 10:09:52

Tax Invoice/Receipt

Receipt No.: ITNET-00000-221031-000722

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at	lt of Insurance Enquiry - SJP9594R 28 Oct 2022/00:15:00 ance Co: ALLIANZ INSURANCE SING	SAPORE PTE. LTD.			
1	Insurance Enquiry - SJP9594R				*
	Enquiry Fee		7.00	0.49	7.49
	20221031100745957796				
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
		Paid By			
		20221031100902134	Direct Deb		7.45
		Total			7.45
		Cash Change			0.00
	Tendered Amount			7.45	
		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.