



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 : 11.01.2023

Ref No.: **PA 4662T**

To : **AXA INSURANCE PTE LTD**
Robinson Road,
P.O Box 1094,
Singapore 902144

Thru : **LKK AUTO CONSULTANT PTE LTD**

Attention: Motor-Claims Dept

Dear Officer-in-Charge

Case: Accident claim for vehicle GBC 8683L & PA 4662T on 21.12.2022

With reference to above case.

Please find attached copies.

Invoice Reference – INV 1545	S\$ 1,500.00
Loss of Use – S\$100.00 x 02 days	S\$ 200.00
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 26.75
Total Cost	S\$ 1,726.75

Your Faithfully,



Julie

E-mail: info@speedwerkz.biz



Speedwerkz Pte Ltd

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Kaki Bukit

Singapore

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BILL TO

AXA INSURANCE PTE LTD

Robinson Road P.O. Box

1094, Singapore 902144

INVOICE 1545

DATE 11/01/2023 TERMS Net 60

DUE DATE 12/03/2023

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM REPAIR AS RECOMMENDED & AGREED WITH SURVEYOR	FOR GBC 8363L	1	1,500.00	1,500.00

THANKS

TOTAL DUE

S\$1,500.00

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

LETTER OF AUTHORISATION

TO: SPEEDWERKZ PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS. GBC8363L & PA4662T
ALONG Outside 22 Schoko South Rd ON
21/12-2022.

I/We Gourmet chefs
Ru Ho NRIC / Passport No.: 201531796N
the owner of vehicle no GBC8363L 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 _____

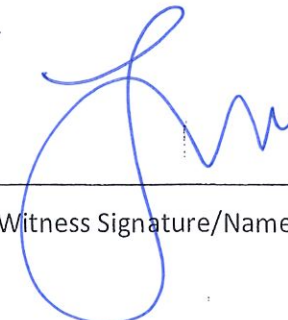
Policy No. _____ Expiry Date: _____

Date: _____ Excess: _____





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



Witness Signature/Name

Date: _____

Attn: Motor Claims Department

AXA Insurance Plc Ltd

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. GBC9363L & PA4662T ALONG
Offside 22 Senoko South Rd ON
21-12-2022.

I/We, the registered owner of vehicle registration no. GBC9363L which was
involved in the above accident with vehicle no. PA4662T insured by
_____ 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: Gourmet Chefs Pte Ltd

NRIC / FIN / UEN No: 201531796N

Address: 34 Senoko Crescent S(758281)

LETTER OF AUTHORITY

To: Axa Insurance Plc Ltd

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. GBC 9363L & PA 4662T ALONG
outside 22 Sunoko South Rd ON
21-12-2022

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,



A handwritten signature in blue ink, consisting of a stylized, cursive letter 'S'.

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 : 22 Dec 2022 / 15:30:24
Receipt Date/Time : 22 Dec 2022 / 15:30:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221222-002886

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 - PA4662T As at 21 Dec 2022/17:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - PA4662T Enquiry Fee 20221222152938969100	25.00	1.75	26.75
Sub-Total		25.00	1.75	26.75
Total Before Rounding		25.00	1.75	26.75
Rounding Difference				0.00
Total Amount Payable				26.75
Paid By				
20221222152948291		Direct Debit: eNETS Debit (Internet Banking)		26.75
Total				26.75
Cash Change				0.00
Tendered Amount				26.75
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.