

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 : 22nd March 2023

Ref No.: PC 9296Z

To

: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Anson Road,

#16-00 Springleaf Tower,

Singapore 079909

Thru: LKK AUTO CONSULTANTS PTE LTD

Attention: Motor-Claims Dept

Dear Officer-in-Charge

Case: Accident claim for vehicle SMR 5773X & PC 9296Z on 27.02.2023

With reference to above case.

Please find attached copies.

Invoice Reference – SWIV23-030024	S\$ 3,200.00
Loss Of Use (\$120.00 x 03 days)	S\$ 360.00
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 26.75
Total Cost	S\$ 3,586.75

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: 22.03.2023

Invoice #: SWIV23-030024

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Vehicle Number: SMR 5773X

Vehicle Make/Model: TOYOTA NOAH 1.8X

Chassis/Eng: ZWR800423366

Claim Number:

D.O.A: **27.02.2023**

Mileage : Remark :

Qty Description Unit Price		Amount
* Lumpsum repair	\$	3,200.00
Total	Ś	3,200.00

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.	SMR577	3× &_	1c92967	
ALONG That of Upper Change kd 27-02.23	& XILIN	Avunw	2	ON

I/WeE CORNER BAKERY	NRIC / Passport No.: 53406383K
the owner of vehicle no SMR577	3 hereby authorise you to commence repair to the
said vehicle forthwith. In considerati	ion 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			LAKZ PAIL
Policy No	Expiry Date:		202127390C PT III
Date:	Excess:		WILED * 00
AS ASSESSED TO	1		M
Owner's Signature/Co	's Stamp (if applicable)	Witness Sign	ature/Name
Date:	_		

Attn: Motor Claims Department	
Thind Talving Ins	
spur) Pte 4d	
<u> </u>	
Dear Sir / Madam,	
RE: ACCIDENT INVOLVING VEHICLE NOS. SWR 5773 X & P(92062 ALONG	
Junch of Upper Change Rd & XILIN Accure ON	
Only of apply Challet Next XIAN Floor - ON	
11.2.23	
0 10-7722	
I/We, the registered owner of vehicle registration no. $9000000000000000000000000000000000000$	
involved in the above accident with vehicle no. $\frac{\gamma(q)\gamma}{2q}$ insured by	
hereby authorize that any payment due to me/us from the above	5
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	
TORSON TORSON	
Name of the state	
ORNEY	
Owner Signature (company stamp if applicable) Name in Full: & COMER Balew	
NRIC/FIN/UEN NO: 53406383K Address: 5468 Spear Rd & B-57 Star Val S(672541)	
Address: 546B Rear Rd X B-57 Xear Valu S(672541)	

LETTER OF AUTHORITY

TO: CHING Taiping Ins (Spore) Ptutt	
Dear Sirs,	
RE: ACCIDENT INVOLVING VEHICLE NOS. SMR 5773X & PC92962 ALC Junct of Upper Change Rd & XILIN AVENUE ON 27.2.23)NG
I hereby authorize you to release the sum of \$ being the settlement s for my property damage claim only to my (solicitors, workshop)	um
Yours faithfully,	
OKNEY DE	

> Back to OneMotoring

Land Transport igQ Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

27 Feb 2023 / 11:17:20

Receipt Date/Time: 27 Feb 2023 / 11:17:20

Tax Invoice/Receipt

Receipt No.: ITNET-00000-230227-001316

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Resul	t of Insurance Enquiry - PC9296Z				
As at	27 Feb 2023/07:30:00				
Insura	nce Co: CHINA TAIPING INSURANCE	E (SINGAPORE) PTE LTD			
1	Insurance Enquiry - PC9296Z				
	Enquiry Fee		24.77	1.98	26.75
	20230227111621464315				
		Sub-Total	24.77	1.98	26,75
		Total Before Rounding	24.77	1.98	26.75
		Rounding Difference			0.00
		Total Amount Payable			26.75
		Paid By			
		20230227111630167		Oirect Debit: eNETS Debit (Internet Banking)	
		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.