



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 : 14th March 2023

Ref No.: **GBA 6292E**

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 SMF 3171J & GBA 6292E on 06.03.2023

With reference to above case.

Please find attached copies.

Invoice Reference – SWIV23-030009	S\$ 3,200.00
Loss of Use – S\$120.00 x 04 days	S\$ 480.00
Authorization Letter	
Towing Fee	S\$ 70.00
LTA Search Fee	S\$ 26.75
Total Cost	S\$ 3,776.75

Your Faithfully,

Julie

E-mail: info@speedwerkz.biz



Invoice

SPEEDWERKZ PRIVATE LIMITED (202127390C)

Date: 13.03.2023

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

Invoice #: SWIV23-030009

Hp: 9619 5936 email: info@speedwerkz.biz

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Vehicle Number : SMF 3171J

3 Anson Road,

Vehicle Make/Model : HONDA FIT 1.5

#16-00 Springleaf Tower

Chassis/Eng : GP51329475

Singapore 079909

Claim Number :

D.O.A : 06.03.2023

Attn: Motor Claim Department

Mileage :

Remark :

Qty	Description	Unit Price	Amount
*	Lumpsum repair		\$ 3,200.00
Total			\$ 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. SMF3171J & 6BA 6292E
ALONG Upper Changi Rd & Xilin Avenue ON
06.3.23

I/We Tang Seno Shao, 280n NRIC / Passport No.: S9145868C
the owner of vehicle no SMF 3171J 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

Chino Tarpine Ins.
(Spor) Rctd

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. SMF 3171J & GBA 6292E ALONG
Upper Changi Rd east & Xilin Avenue ON
06.3.23

I/We, the registered owner of vehicle registration no. SMF 3171J which was
involved in the above accident with vehicle no. GBA 6292E insured by
CN 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: Tan Gene Siao, Jason

NRIC / FIN / UEN No: 89145866C

Address: 662 Buffalo Rd #25-16 S(210662)

LETTER OF AUTHORITY

To: China Taiping Ins. (Spore) Pte Ltd

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. SMF971J & GPA 6292E ALONG
Upper Changi Rd east X-Hub Avenue ON
06.3.23

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 : 06 Mar 2023 / 14:43:33

Receipt Date/Time : 06 Mar 2023 / 14:43:33

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230306-002514

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - GBA6292E				
As at 06 Mar 2023/14:10:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBA6292E			
	Enquiry Fee	24.77	1.98	26.75
	20230306144245542208			
	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				
	20230306144302251	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.