# **5**W

### 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 : 31st March 2023

Ref No.: SHB 9939C

To : HSBC LIFE (SINGAPORE) PTE LTD

Robinson Road P.O Box 1094 Singapore 902144

Thru: LKK AUTO CONSULTANTS PTE LTD

Attention: Motor-Claims Dept

Dear Officer-in-Charge

Case: Accident claim for vehicle SMC 4433M & SHB 9939C on 16.03.2023

With reference to above case.

Please find attached copies.

| Invoice Reference – SWIV23-030043 | S\$ 4,800.00 |
|-----------------------------------|--------------|
| Loss of Use - \$180.00 X 05 days  | S\$ 900.00   |
| Authorization Letter              |              |
| Towing Fee                        | S\$          |
| LTA Search Fee                    | S\$ 26.75    |
| Total Cost                        | S\$ 5,726.75 |

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: 31.03.2023

Invoice #: SWIV23-030043

HSBC LIFE (SINGAPORE) PTE. LTD

P.O Box 1094 Robinson Road Singapore 902144

Attn: Motor Claim Department

Vehicle Number: SMC 4433M

Vehicle Make/Model: VOLKSWAGEN TIGUAN

Chassis/Eng: WVGZZZ5NZJW849980

Claim Number:

D.O.A: 16.03.2023

Mileage : Remark :

|     | Qty Description  | Unit Price                   |         | Amount   |
|-----|--|------------------------------|---------|----------|
|     | * Lump Sum Repair  | 1                            | \$      | 4,800.00 |
|     |  |                              |         |          |
|     |  |                              |         |          |
|     |  | g - Coharathus dynadana dasa |         |          |
|     |  |                              |         |          |
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|     |  | S - CORCEANE OF CHERRIE      |         |          |
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|     |  |                              |         |          |
|     | t papa para da menang bandan katan da kanang panggan panggan bandah panggan panggan da menggan bandah panggan<br>Panggan |                              |         |          |
| - 1 |  |                              |         |          |
|     |  |                              |         |          |
|     |  |                              |         |          |
|     |  |                              |         |          |
|     |  | Total                        | <b></b> | 4,800.00 |
|     |  | IULai                        |         | 4,600.00 |

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 INVOL | VING VEHICLE NOS. | Sm (4433m & | SHB 9939C |    |
|--------------------|-------------------|-------------|-----------|----|
| ALONG Clampfi      | Av 2              |             | Ī -       | ON |
| 16 03-2023         |                   |             |           |    |
|                    |                   |             |           |    |

I/We hw tone NRIC / Passport No.: S&5081023 the owner of vehicle no M(4433M) 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:        | OWERA  |
| Date:                     | Excess:             | - ( July of the state of the st |
| M                         |                     | Carimina Carimina  |
| Owner's Signature/Co's St | amp (if applicable) | Witness Signature/Name   |
| Date:                     |                     |  |

| Attn: Motor Claims Department  |              |
|--|--------------|
| HSBC Life (spule) Plu  |              |
| ltd  |              |
|  |              |
| •  |              |
| Dear Sir / Madam,  |              |
| RE: ACCIDENT INVOLVING VEHICLE NOS. SMC 4433M & Str 9939   |              |
| 16. B. 2023.   |              |
| I/We, the registered owner of vehicle registration no whi  | ch was       |
| involved in the above accident with vehicle no. Strong 390 insured by  |              |
| HSISCLIFE hereby authorize that any payment due to me/us fr  | om the above |
| said claim be paid to SPEEDWERKZ PRIVATE LIMITED.  |              |
|  | d / d        |
| I/we hereby indemnify <b>SPEEDWERKZ PRIVATE LIMITED</b> against all claims and which may arise from all actions taken for or on my/our behalf. | a/or damages |
| which may arise from all actions taken for or off my/our behalf.   |              |
| Yours faithfully   |              |
|  |              |
|  |              |
|  |              |
|  | ſ            |
| Owner signature (company stamp if applicable)  Name in Full: AW Yew Ton 6  |              |
| CALCADI  |              |
| Address: 8 Chrysti Ave 1 *24-10 \$(12904)  | -            |
| Audicos. 10 - Winchill 11.0  |              |

## **LETTER OF AUTHORITY**

| TO: HSVB( Life (Spore) PACHO   |                       |                   |         |
|--|-----------------------|-------------------|---------|
| Dear Sirs,   |                       |                   |         |
|  |                       |                   |         |
| RE: ACCIDENT INVOLVING VEHICLE NOS.                                  | SMC 4433M &           | stoggsqc          | _ ALONG |
| Climenti AM 2  |                       | ON                |         |
| 16.3.202 ·   |                       |                   |         |
|  |                       |                   |         |
|  |                       |                   |         |
|  | E                     |                   |         |
| I hereby authorize you to release the sum of                         | of \$                 | being the settlem | ent sum |
| for my property damage claim only to my ( SYELPWURK & YKWA-W LIMITUP | solicitors, workshop) |                   | •       |
|  |                       |                   |         |
|  |                       |                   |         |

Yours faithfully,

Claimant's signature / company stamp (if applicable)

## > Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

24 Mar 2023 / 08:35:01

Receipt Date/Time: 24 Mar 2023 / 08:35:01

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-230324-000344

Previous Receipt No.:

| S/N   | Item Description/<br>Business Transaction Reference<br>No.   |                          | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$)                      | Amount<br>After GST<br>(S\$) |
|-------|--|--------------------------|-------------------------------|---|------------------------------|
| As at | lt of Insurance Enquiry - SHB9939C<br>16 Mar 2023/20:40:00<br>ance Co: HSBC LIFE (SINGAPORE) P<br>Insurance Enquiry - SHB9939C | TE. LTD.                 |                               |   |                              |
| ,     | Enquiry Fee<br>20230324083421793713  |                          | 24.77                         | 1.98  | 26.75                        |
|       |  | 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                  |                               |   |                              |
|       |  | 20230324083430203        |                               | ct Debit: eNETS Debit<br>(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.