



**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 : 15<sup>th</sup> May 2023

Ref No.: GBL 6701J

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**  
78 Shenton Way,  
#07-16 AIG Building,  
Singapore 079120

Thru : **LKK AUTO CONSULTANTS PTE LTD**

Attention: Motor-Claims Dept

Dear Officer-in-Charge

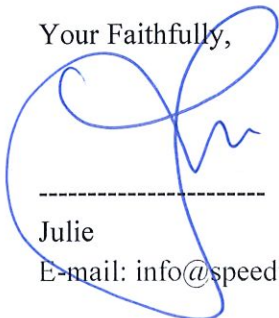
**Case: Accident claim for vehicle SKL 7495R & GBL 6701J on 25.04.2023**

With reference to above case.

Please find attached copies.

Invoice Reference SWIV23-050075	S\$ 9,300.00
Loss Of Use - \$150.00 x 06 days	S\$ 900.00
Authorization Letter	
Towing Fee	S\$
LTA Search Fee	S\$ 26.75
Total Cost	S\$ 10,226.75

Your Faithfully,

  
-----  
Julie  
E-mail: info@speedwerkz.biz





Paynow UEN to : 202127390C / UOB ACCOUNT NUMBER: 388-322602-8

# LETTER OF AUTHORISATION

TO: SPEEDWERKZ PRIVATE LIMITED

RE: ACCIDENT INVOLVING VEHICLE NOS. SKL 7405R & 6BL 6T01J  
ALONG Queensway Tolls Alexandra Rd B4 Commonwealth ON  
25.04.23

I/We Loo Swee Chin NRIC / Passport No.: S1623139H  
the owner of vehicle no. SKL 7405R 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.

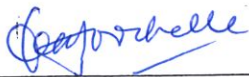
I/We undertake to inform you and/or the solicitors appointed by you on my behalf in the event the third-party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third-party's insurers without first 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.

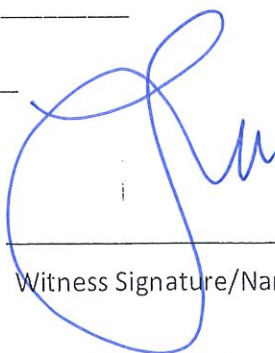
My/Our insurer is/are

Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Excess: \_\_\_\_\_



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



Witness Signature/Name

Date: \_\_\_\_\_



Attn: Motor Claims Department

ALG Asia Pacific Ins.

Actd

Dear Sir / Madam,

RE: ACCIDENT INVOLVING VEHICLE NOS. SKL 7495R & 6BL6701J ALONG  
Queensway Ind. Alexandra Rd B4 Commonwealth ON  
25-04-23.

I/We, the registered owner of vehicle registration no. SKL 7495R which was  
involved in the above accident with vehicle no. 6BL6701J insured by  
ALG 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

feapwhele

Owner Signature (company stamp if applicable)

Name in Full: Loo Swee Chin

NRIC / FIN / UEN No: S1623139H

Address: 71 Sinaran Drive, #1302 Singapore 308323

## LETTER OF AUTHORITY

To:

Dear Sirs,

RE: ACCIDENT INVOLVING VEHICLE NOS. SKL 7495R & 6BL 6701J ALONG  
Queensway Turo Alexandra Rd BA Commonwealth ON  
25-04-23

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 : 25 Apr 2023 / 10:33:43

Receipt Date/Time : 25 Apr 2023 / 10:33:43

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230425-000897

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - GBL6701J

As at 25 Apr 2023/09:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - GBL6701J

Enquiry Fee

20230425103311768539

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

20230425103319100

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.