

DATE: 14/08/22
ASS. REC. BY: JSM

REF: C53/ASM22007361/Rqy3

4746

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SGH 5274
at Workshop m/s ASSURE AUTO ASSIST P/L
of 14 AMK ST 63

Insured: ASM

Policy No.

Claim No.

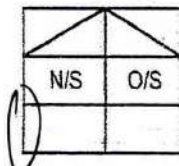
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. O/Market Value: 112k

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SGH 5274 Yr Regn: 2019 / MAY

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: SUZUKI SWIFT SP 1.4 A c.c. 1371

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: 42605 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZC33S118927

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/45R17
R: ~

BS / DUN / EXNOVA / GY / FS / LZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 01/08/22 D.O.I. 04/08/22

Survey held at ASSURE AUTO

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time Action / Instruction

REPAIR LIMIT - 68K

ESTIMATE RANGE OF REPAIR / NO. OF DAYS - (2K-3K) / 5 days

Date/Time, File Pass to?

☐ : Preli. Report

1) Date/Time, File Return to?

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weeker. (\$

) S + RS. SI

) Photos

) Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	01/08/2022 15:32 (SGT)
Reported by	Both
Date of Accident	01/08/2022 07:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE FLYOVER PAYA LEBAR TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH527Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HON JERN YANG
NRIC No	SXXXX474E
Email Address	jernyang.hon@gmail.com
Mobile Phone No	(Phone) +65-97646044
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1371

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10727565R00

DRIVER

Name of Driver	HON JERN YANG
NRIC No	SXXXX474E
Date Of Birth	25/10/1980
Occupation	Outdoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

10/11/2000
21 YEARS AND 9 MONTHS
Male
(Phone) +65-97646044
-
jernyang.hon@gmail.com
3 BINCHANG WALK

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
Yes
Yes
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Bishan Neighbourhood Police Centre
(Phone) +65-18005529999
(Fax) +65-65561905
20 Bishan Street 23 Singapore 579757
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

FBQ7242J
-
-
-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTORCYCLE RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBQ7242J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Insurer: Budget
Direct

SKETCH PLAN

Vehicle: 86H
5294

IMPORTANT NOTICE

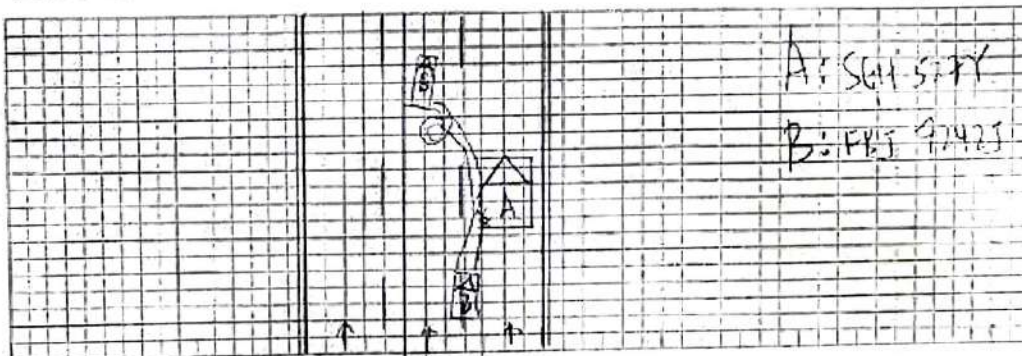
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



P1E Flyover Paga Lebar towards Changi

Describe Circumstances of the Accident

AS PER VIDEO and TP Report Statement.

☐ Claim OD ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address : jernyang.hon@gmail.com

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Vehicle: -
SGH 5274

 10/22

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220801/2016

1 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20220801/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2022 10:03	Vide Report No.: G/20220801/0057	Station Diary No.: 20
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Informant's Particulars

Name of Informant: HON JERN YANG			Address: 3 BINCHANG WALK SINGAPORE 579856	
ID Type / ID No.: NRIC NO / S8033474E			Contact No.: Home/Office: Mobile: 97646044	
Nationality: SINGAPORE CITIZEN			Email: jernyang.hon@gmail.com	
Sex: Male	Age: 41	Date of Birth: 25/10/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Pilot			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2022 07:40	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ7242J	Motorcycle	YAMAHA	MT15 MANUAL		Slightly Damaged	0
SGH527Y	Car	SUZUKI	SWIFT SPORT 1.4 TURBO AUTO	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20220801/2016

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 4

Report No. T/20220801/2016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGH527Y	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10727566R00	28/05/2022	27/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HON JERN YANG	ID No.	S8033474E
Related Vehicle	SGH527Y (Car)	Contact No.	97646044
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On 01/08/2022 at about 0738hrs, I was driving my vehicle (SGH527Y) along PIE towards Changi Airport near Lamppost (LP504F) on the rightmost of 3 lanes. Due to heavy traffic, the vehicle in front of me stopped thus I had no choice but to brake my vehicle as well. While my vehicle was stationary, I felt a sudden impact from the rear of my vehicle before I saw a rider with his motorcycle (FBQ7242J) pass my vehicle at a very high speed before crashing a distance in front from my vehicle.

I immediately alighted from my vehicle to make a check on the rider. The rider was having a seizure and unconscious thus I was unable to exchange information with him. I then called 995 for assistance. The driver of another vehicle (SGY7770A not involved in the accident) stopped and the driver who was a medical personnel assisted to help move the rider to a "beneficial position". Subsequently, Traffic Police and Ambulance arrived and the rider whose condition improved by then was conveyed to the hospital in a conscious condition. Traffic Police who attended to me provided me with a case card (vide G/20220801/0057) and instructed me to lodge a traffic accident report.

I wish to state that my vehicle possesses in car camera facing both the front and back which captured footage of the accident. I showed the Traffic Police officers at scene the footages and forwarded the footages to Traffic Police IO Hafizah (96189347) via Whatsapp.

As a result of the collision, the left rear of my vehicle suffered some dents and scratches however I am unsure if there is any other damage to the vehicle. I am also unsure of the cost of repair. The rider's motorcycle which was involved in the accident was towed away by Traffic Police. No other vehicles were directly involved in the accident.

As of lodging this report, I am uninjured from the accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20220801/2016

3 of 4

Report No. T/20220801/2016

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20220801/2016

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

4 of 4

Report No. T/20220801/2016

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E /

SGT 2 CHO VIN-THAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/08/2022 10:03

Officer In Charge Of Case:

TP / GIT /

SGT 3 INTAN WULANDARI BUDDY SANTOSO

Contact No.: 65476415

Classification Of Case:

NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	474E
Vehicle No.:	SGM527Y
Vehicle to be Exported:	No
Intended Deregistration Date:	05 Aug 2022
Vehicle Make:	SUZUKI
Vehicle Model:	SWIFT SPORT 1.4 TURBO AUTO
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	K14C1220088
Chassis No.:	ZC33S118927
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$21,269.00
Original Registration Date:	28 May 2019
First Registration Date:	28 May 2019
Transfer Count: -	0
Actual ARF Paid:	\$21,777.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 May 2029
PARF Rebate Amount:	\$16,332.00
COE Expiry Date:	27 May 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$39,401.00
COE Rebate Amount:	\$26,828.00
Total Rebate Amount:	\$43,160.00

The information contained herein is correct as at 05 Aug 2022

OK

Suzuki Swift Sport 1.4M

Overview

Financial

Accessories

Similar

Research

Photos

Map



Dream Drive
MAKE YOURS COME TRUE

Price **\$105,000**

Depreciation  **\$15,240 /yr**
View models with similar depre


Reg Date **08-Nov-2018**
(6yrs 3mths 2days COE left)

Mileage **80,000 km (21.4k /yr)**

Manufactured  **2018**

Road Tax  **\$610 /yr**

Transmission **Manual**

Dereg Value  **\$33,880 as of today (change)**

OMV  **\$19,083**

COE  **\$32,900**

ARF  **\$19,083**

Engine Cap **1,371 cc**

Power **103.0 kW (138 bhp)**

Curb Weight  **970 kg**

No. of Owners  **2**