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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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.

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人 1年 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ACCIDENT STATEMENT
Date Of Report	22/02/2018 14:11
Date Of Accident	17/02/2018 09:45
Exact Location Of Accident	TANAH MERAH FERRY TERMINAL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3697P
Insured/Policyholder	
Name Of Registered Owner	VIN'S EXCITE TOURS PRIVATE LIMITED
Co Reg No	201537834H
Email Address	EXCITETOURS1969@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82683615
Alternative Phone No	OFFICE-82683615
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089387025
Cover Note Number	
Driver	
Name of Driver	MURALITHARAN S/O SAMBANTHMURTHI
NRIC No	S6916695D

 NRIC No
 S6916695D

 Date Of Birth
 26/04/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/02/1987

Driving Experience 30 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82683615

Fax Number Contact Number

EMail Address

EXCITETOURS1969@GMAIL.COM

Address

49 CHOA CHU KANG LOOP

#01-20

Postcode

689681

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ7923J

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

REDZANUDIN BIN ABDUL MALEK

NRIC/Passport Number

S8438183G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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. 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 lodgment 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' lawyers/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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

VIN'S EXCITE TOURS PTE. LTD.

49 Choa Chu Kang Loop #01-20, Singapore 689681 Tel / Fax: 6767 0697

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Stame: Wall Markets

NRIC/FIN No .:

Departure. SKETCH PLAN Stair case. 7923 PC 3697P 3697 way out DESCRIBE CIRCUMSTANCES OF THE ACCIDENT FEB the 2018 0945am ON was Drivena Lumin or anah POINT DOF Car termina driver Stirden OWT Van. lane and DOX MU Cours The box Nou dont had reaction - time Stop. # DECLARATION I/We declare the foregoing particulars are true in every respect.

VIN'S EXCITE TOURS PTE. LTD.

49 Choa Chu Kang Loop

Pattelina Pattel Date animeax: 6767 0697

Driver's Signature

(If driver is not the policyholder)

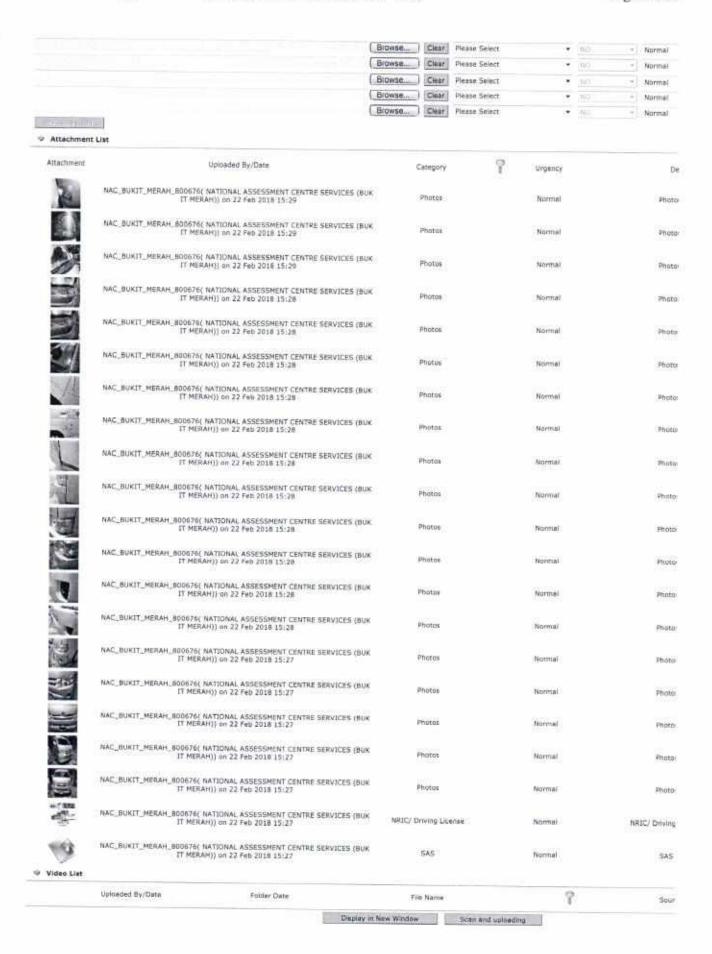
Date & Time:

Reporting Centre Personnel's Signature
Name: West World World

Name:

NRIC/FIN No .:

laim Handling				
ccident MT/0983232				
olicy No.	5089387025	Vehicle No.	PC3697P	GST Registration No.
olicyholder Name	VIN'S EXCITE TOURS PRIVATE LIMITED			Policyholder NRIC
roduct Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mubile)	02683615	Contact No (Office)		Contact No.(Home)
mail Address		Special Ramark		eCode
EK .	@ No Yes	TEA	⊕ Ny ─ Yes	eCode Reason
CD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	22/02/2018 15:22	Accident Report Within 24 hrs.	Yes	Accident Type
Date of Acoident	17/02/2018	Time of Accident hitimm	09 (45)	Country of Accident
Reporting Centre	27/00/2020	Orange Force		ICM No.
	TANAH MERAH PERRY TERMINAL	=======================================		
Accident Location Benefits	TANKS SEEDS FEEDS			
♥ Excess	2,600.60	Additional Excess		Windscreen Excess
Dwn damage Excess	2,000.00	Outside Singapore OD Excess		
Unnamed Driver Excess	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Outside Singapore TP Excess		
Third Party Excess	3,000.00	Outside Singapora in excess		
S GST Registered Informa	1000		GST Registration Date	
GST Registered	No:		GST Status Verified	Yes
GST Registration No. Modification History				
Plodescanian History				
Policyholder Mailing Ad	dress			
Address-1	49 EHOA CHU KANG LOOP	Address Z	#01-20 THE WARREN	Address 3
Address 4		Address Type	Singapore address	Post Code
	01-20	Related Policy Number	5089387025	
Unit No.	01-20			
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MURALITHARAN 5/O SAMBANTI	Driver NRIC	569166950	Driver DOB
		Oriver Age	48	Driving Experience
	ract No. (Mobile) 82683615 bress 1 49 CHOA CHU KANG LOOP			Contact No.(Home)
			WO1-20 THE WARREN	Address 3
Address 1			Foreign eddress	Post Code
Address 4	FEMALO	Address Type	Total and the second	
Unit No. Does he own a Singapore	81-20	5217 (325) (88) (25)		Onver Insurer Company
Registered car?	Yes @ No	Driver Vehicle No.	PC3607P	Direct theur or Company
Declaration		CHARDINGS	900000000	
Breathelyser or Blood Test Reading?	0 mg	Any injury?	Yes @ No	
Modification History				
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Claim 001 OD-HX Ne	er S			
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Claim Type *	OD-MX .	Insured Name	VIN'S EXCITE TOURS PRIVATE I	TUBRIED GOTO
Claim Type *	SD-MA		VIN'S EXCITE TOURS PRIVATE (Contact No.(Office)
Contact No.(Mobile)	OD-MX • 82683615	Contact No (Home)	VIN'S EXCITÉ TOURS PRIVATE (
Contact No.(Mobile) Email Address	82683615			Contact No.(Office)
Contact No.(Mobile) Email Address Claim Description	SD-MA	Contact No.(Home) Of Vehicle Number	PC3697P	Contact No.(Office) TP Vehicle Number
Contact No. (Mobile) Email Address	82683615	Contact No.(Home) Of Vehicle Number Insured Liability *	PC3697P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	82683615	Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	PC3697P	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop * GJA report
Contact No. (Mobile) Email Address Clinin Description Preferred Workshop Contact No.	82683615 PC3697F / SLQ79231 ON 17 Feb 2018	Contact No.(Home) Of Vehicle Number Insured Liability * Preferent Repair Option Claim Close Date	PC3697P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	92663615 PC3697P / SLQ79231 ON 17 Feb 2018 Yes	Contact No.(Home) Of Vehicle Number Insured Liability * Preference Repair Option	PC3697P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop * GJA report
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	9C3697F / SLQ79Z3J ON 17 Feb 2018 Yes 22/02/2018 15:29	Contact No.(Home) Of Vehicle Number Insured Liability * Preferent Repair Option Claim Close Date	PC3697P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description , Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	9C3697F / SLQ79Z3J ON 17 Feb 2018 Yes 22/02/2018 15:29	Contact No.(Home) Of Vehicle Number Insured Liability * Preferent Repair Option Claim Close Date	PC3697P Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	9C3697F / SLQ79Z3J ON 17 Feb 2018 Yes 22/02/2018 15:29	Contact No.(Home) Of Vehicle Number Insured Liability * Preferent Repair Option Claim Close Date	PC3697P Not at Fault Freferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	9C3697F / SLQ79Z3J ON 17 Feb 2018 Yes 22/02/2018 15:29	Contact No.(Home) Of Vehicle Number Insured Liability * Preferent Repair Option Claim Close Date	PC3697P Not at Fault Freferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
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Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	9C3697F / SLQ79Z3J ON 17 Feb 2018 Yes 22/02/2018 15:29	Contact No.(Home) Of Vehicle Number Insured Liability * Preferent Repair Option Claim Close Date	PC3697P Not at Fault Freferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Cikim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	923697F / SLQ79231 ON 17 Feb 2018 PC3697F / SLQ79231 ON 17 Feb 2018 Yes 12/02/2018 15:29 ROSLI WAHAR	Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	PC3697P Not at Fault Freferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received



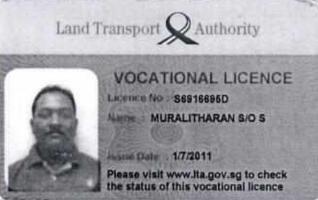
A:CCIDENT STATEMENT

ACCIDENT DATE: 17. / 02/2018 (DD/MM/YYYY), TIA	AE:(09: 45 (HH:MM)
LOCATION: Tanah Merah Ferry to	erminal
1. DETAILS OF VEHICLE PC 3697 P	a 3 4
b)INSURANCE COMPANY: NTUE GIPOUCY NUMBER: 5089 39 7025 GIPOUCY TYPE: (COMPREHENSIVE) THIRD PARTY / B)MAKE & MODEL: THICLE HIM	THIRD PARTY FIRE &THEFT
I) TYPE: (SALOON / COUPE / MPY AVAIL LORRY / I	MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURAL IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPO	NCE (YES/RO)
2. INSURED / POLICY HOLDER ANAME VIN EXCITE TOWNS PIE LTD	
b) NRIC/FIN/PASSPORT:	
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD	DER mur tet!
(Including driver) DRIVER mue of THARAW 3/0 SAN (Including driver) DINRIC/FIN/PASSPORT! S 691669 FD	MALE / FEMALE
(OI) CIADORESS: BILC 49 CHA KA	T G FOOT. 2
*d) DATE OF BIRTHI (26 04) 1969 (DD/M) *B)OCCUPATION: (INDOOR (QUIDOOR)	11987
WAS DRIVER AN EMPLOYEE OF THE INSURED IF NO, RELATIONSHIP OF THE DRIVER WITH	O'S COMPANY?
E SIMELTHER CONDITION: (CLEAR) RAINING / O	THERS
b) ROAD SURFACE: (DRY) WET / OTHERS. 6. WAS ANYBODY INJURED (YES (NO) 7. DIREPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATIONIL	
B. THIRD PARTY VEHICLE CIR 7032 T	MODELL HONDA
(Induding driver) of NRIC/FIN/PASSPORT: 284381839	_CONTACT!
(O1) 9, THIRD P'ARTY VEHICLE	MODEL
4 140 of passinger of DRIVER'S NAME:	CONTACT:
(Including deliver) 1) KRIC = IN/PASSPORTI	
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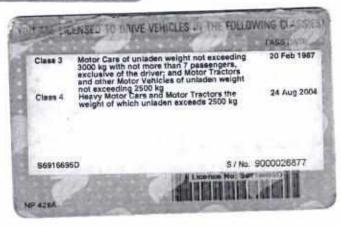
email = excitetours1969@gmail-com. fax = 67670697











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

03

BUS VL BUS ATTENDANT

23/06/1998 23/06/1998



Hello, NAC_BUKIT_MERAL	800676				-	A STATE OF THE PARTY OF THE PAR		NO DEN	Gen	eralClaim
My Desktop Notice of Loss	Policy Query					Change Language + Change Password + Log Or				
Notice of Loss	Policy / Vehicle	(a. Na (For Mator)	PC3697P		4	Date of Acc	ident	17/02	2018 14:08	
			4.0000011			Search				
	Select	Policy No.	Policyholder Name	Policyholder NAIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	6	5089387025	VIN'S EXCITE TOURS PRIVATE LIMITED	201537634H	GBS	Comprehensive	PC3597P	PC3697P	31/03/2017	09/04/2018