NATIONAL Assessment	Centre Services	fixet i davoes	34 yarea		
Date In 34/01/19	Jcb descript		Date &Time Completed	Do	ne by
Rel No NA/msq190015711	SAS e-fili	ng			100000
Veh No GBB17885		dun Shrs, AIC 2hrs,			
DOA 23/01/19 0		laim Form			
	0 2 9	//O (Within: OD 2hr	e TP dhee)		
OD (IF) Reporting Only	i-Photo U		5. 17 41(5)		
TP Insurer		Survey Report	+		
insurer		t by Fax / Hand t	o Owner/Wksp		· · · · · -
Preferred Wksp / INC Assign Wksp / C	2W: (ax:	
TP Particulars: Veh No	: GBC456	/ G . INC (
Owner / Driver: (Tel:	1	
Policy No: (Period: ()	Cover Type: (O to pay the comme
Confirmed by : (Date:	Time:	·	
Insured/Driver Liability (%) [Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%1	
Year of Registration: () Warranty: YES ()		
	g:\$1,000()/\$2,00	00()		-committee and	-0.00
General Remarks:-		Lag at the lite	Adalesto Agraciana		A - 1.00 III
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Co	st > \$3000] ()			
Injury : ———————————————————————————————————				200000000000000000000000000000000000000	
NA1900	೬ ೦೨	J. 75-1-1886 (18) 185-1-1886	ration Checklist	Amt (S)	Amt (
laimant's Particulars :-		1) AR : Accident R 2) DA : Damage As			
river/Owner:		3) TF : Towing Fee 4) FT : Follow-Thre	\$40/\$	45	
ontact No:		5) FT : Follow-Thro	ough Survey (Resurvey) 5.	30	
maged Portion:		6) TR: Re-inspection 7) N1: Idae DA + 8		m m	
Checked by (Engr-In-Charge):	1	8) NTUC Additions OD*	l Services:-		
Editor Control		*N6: Repair Co-c	rdination \$1	10	
uditors' Comments :-		*N7: Post Repair *N8: DV / Collec		25	
1:		TP (N11): TP (N	on INC) against INC S2		
2/3;		9) N12: Idac Mobile Invoice dated	Fee Charged	30	Wast.
		Invoice dated	i se Chargea	THE PARTY OF THE P	S. Carrier

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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.

	ACCIDENT STATEMENT
Date Of Report	24/01/2019 10:26
Date Of Accident	23/01/2019 08:30
Exact Location Of Accident	BKE TWDS PIE
Country/State of Loss	SINGAPORE
The same of the property of the same	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD1788J
Insured/Policyholder	
Name Of Registered Owner	HOCK SENG FOOD PTE LTD
Co Reg No	±2
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96921937
Vehicle Particulars	
Manufacturer	NISSAN
Model	14
Exact Purpose for which vehicle was being used at ime of accident	OTW TO WORK
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	B 28832033 MKC
Cover Note Number	
Oriver Control of the	
ness of Daires	

Name of Driver LING TAN SOON NRIC No S8176430A Date Of Birth 13/09/1981 Occupation OUTDOOR Date Of Driving Pass 06/06/2008

Driving Experience 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91257670

Fax Number Contact Number

EMail Address NOEMAIL

BLK 446 YISHUN AVE 11 Address

#05-64

Postcode 760446

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver) **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

PLS REFER TO THE ATTACHED STATEMENT.

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 GBC4561G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIN SENG HOCK

NRIC/Passport Number

S15859671 82565074

Address

Postcode

Insurance Company Name

Nature Of Damage

Contact Number

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBE7800L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE WU GUOCAI G2583372X 91500045

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 of:
 - 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
- (c) 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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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.

Policyholder's Signature

Driver's Signature

Date & Time: Lim Hock Chye

(If driver is not the policyholder)

Daniel Date & Time:

23/1/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

24.01.2019

A- GBD 1788J	BKE TWOS PIE	
B- GBC 45614		
C- GBE 7800L	A A A B AC	4
		-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	THE SAME AND AN	
Pls refu to o	the statement.	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: Lim Hock Chye Daniel

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/1/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24.01.2019

I WAS TRAVELLING STRAIGHT ALONG BKE TWDS PIE ON THE 2ND LANE OF A2-LANES RD.INFRT OF MY VEH STOP AND I FOLLOWED SUIT, SUDDENLY I FELT THE IMPACT FROM MY REAR. I CAME OUT FROM MY VEH AND I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

ACCIDENT STATEMENT

	DENT DATE: (23/0/120/5) (DD/MM/YYYY), TIME: (0 + 3 1) (HH:MM)
	ATION: OKF TO PIE
1.	DETAILS OF VEHICLE GRO 1750 7
	DINSURANCE COMPANY: MS7 G
	CIPOLICY NUMBER: B 2883 2033 M.C.

	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: 1//SSAN
	f)TYPE:(SALOON / COUPE / MPV (VAN) LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: 070 70 00 RK
	i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
2.	INSURED / POLICY HOLDER
-	ANAME: HOCIC SENS FOUND PTO LTD (MALE / FEMALE)
	bINRIC/FIN/PASSPORT: CONTACT: 9692 1937
	CIADDRESS: 267 ponden Loup
10 10 90	57 120439
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Allo of passenga	DRIVER
(Including driver)	GINAME: LING 7AN SUON (MALE / FEMALE)
(1)	CONTACT TO STORE
(T)	CIADDRESS: B/C 446 De 7.54, Due 11 405-84
1	57 760446
127	*d)DATE OF BIRTH: (13/ 09/1987)(DD/MM/YYYY)
	e OCCUPATION: (INDOOR / OUTDOOR)
-4-	f)YEARS OF DRIVING EXPRERIENCE: 06 Jun 200 8
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	TE NO DELATION CLUB OF THE DETUCE WITH THE PROPERTY
5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
	b) ROAD SURFACE: (DRY) WET / OTHERS
6.	D) ROAD SURFACE: (DRY) WET / OTHERS) WAS ANYBODY INJURED (YES (NO)
6.	D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) D) REPORTED TO POLICE (YES / NO)
6. 7. 8.	D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
6. 7. 8.	D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE
6. 7. 8.	D) WEATHER CONDITION (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: GBC 456 G MODEL:
6. 7. 8. Who of passenger (Including driver)	D) WEATHER CONDITION (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: GBC 456 G MODEL:
6. 7. 8. Who of passenger (Including driver)	D) WEATHER CONDITION (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: GROUP HOLICE D) DRIVER'S NAME: LIN SENG HOLICE
6. 7. 8. Whe of passenger (Including driver) () 9.	D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: GBC 456 G MODEL: A b) DRIVER'S NAME: LIN SENG HOCK C) NRIC/FIN/PASSPORT: S 7.5 85-96 7 CONTACT: 8256 50 74
6. 7. 8. Whe of passenger (Including driver) () 9. **No of passenger	DRIVER'S NAME: 4.44 GISCOS
6. 7. 8. Whe of passenger (Including driver) () 9.	DRIVER'S NAME: 4.44 GISCOS
6. 7. 8. Whe of passenger (Including driver) () 9. **No of passenger	DIVER'S NAME: GET ONDEL: DIVER'S NAME: GET OF ONDEL: DIVER'S NAME: GET OF ONDEL: DIVER'S NAME: GET OF ONDEL: DIVER'S NAME: GET ONDEL:
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8. * No of passenger (Including driver) () * No of passenger (Including driver) ()	DIRECTOR ON DITION (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: GROUP HOCK b) DRIVER'S NAME: LIN SENG HOCK c) NRIC/FIN/PASSPORT: S / 5 & 5 96 7 / CONTACT: 8 2 5 6 50 7 4 THIRD PARTY VEHICLE d) VEHICLE NUMBER: GROUP HOCK b) DRIVER'S NAME: LIN SENG HOCK c) NRIC/FIN/PASSPORT: GROUP HOCK d) VEHICLE NUMBER: GROUP HOCK THIRD PARTY VEHICLE d) VEHICLE NUMBER: GROUP HOCK THIRD PARTY VEHICLE d) NRIC/FIN/PASSPORT: G 2 S & 33 7 2 × CONTACT: 9/50 00 9 5
6. 7. 8. Whe of passenger (Including driver) () 9. **No of passenger	DIVER'S NAME: GET ONDEL: DIVER'S NAME: GET OF ONDEL: DIVER'S NAME: GET OF ONDEL: DIVER'S NAME: GET OF ONDEL: DIVER'S NAME: GET ONDEL:
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8. * No of passenger (Including driver) () * No of passenger (Including driver) ()	DIRECTOR ON DITION (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: GROUP HOCK b) DRIVER'S NAME: LIN SENG HOCK c) NRIC/FIN/PASSPORT: S / 5 & 5 96 7 / CONTACT: 8 2 5 6 50 7 4 THIRD PARTY VEHICLE d) VEHICLE NUMBER: GROUP HOCK b) DRIVER'S NAME: LIN SENG HOCK c) NRIC/FIN/PASSPORT: GROUP HOCK d) VEHICLE NUMBER: GROUP HOCK THIRD PARTY VEHICLE d) VEHICLE NUMBER: GROUP HOCK THIRD PARTY VEHICLE d) NRIC/FIN/PASSPORT: G 2 S & 33 7 2 × CONTACT: 9/50 00 9 5
8. * No of passenger (Including driver) () * No of passenger (Including driver) ()	a)WEATHER CONDITION (CLEAR RAINING / OTHERS b)ROAD SURFACE (DRY WET / OTHERS WAS ANYBODY INJURED (YES INO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: GRC 450 G MODEL: b) DRIVER'S NAME: LIN SCHOOL HOCK c) NRIC/FIN/PASSPORT: 5 /5 85.967 / CONTACT: 82565074 THIRD PARTY VEHICLE d) VEHICLE NUMBER: G 66 78 00 L MODEL: e) DRIVER'S NAME: W W GUOCGI f) NRIC/FIN/PASSPORT: 9 25 3372 X CONTACT: 9/500095
8. * No of passenger (Including driver) () * No of passenger (Including driver) ()	DIRECTOR ON DITION (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS WAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: GROUP HOCK b) DRIVER'S NAME: LIN SENG HOCK c) NRIC/FIN/PASSPORT: S / 5 & 5 96 7 / CONTACT: 8 2 5 6 50 7 4 THIRD PARTY VEHICLE d) VEHICLE NUMBER: GROUP HOCK b) DRIVER'S NAME: LIN SENG HOCK c) NRIC/FIN/PASSPORT: GROUP HOCK d) VEHICLE NUMBER: GROUP HOCK THIRD PARTY VEHICLE d) VEHICLE NUMBER: GROUP HOCK THIRD PARTY VEHICLE d) NRIC/FIN/PASSPORT: G 2 S & 33 7 2 × CONTACT: 9/50 00 9 5
8. * No of passenger (Including driver) () * No of passenger (Including driver) ()	a)WEATHER CONDITION (CLEAR RAINING / OTHERS b)ROAD SURFACE (DRY WET / OTHERS WAS ANYBODY INJURED (YES INO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE a) VEHICLE NUMBER: GRC 450 G MODEL: b) DRIVER'S NAME: LIN SCHOOL HOCK c) NRIC/FIN/PASSPORT: 5 /5 85.967 / CONTACT: 82565074 THIRD PARTY VEHICLE d) VEHICLE NUMBER: G 66 78 00 L MODEL: e) DRIVER'S NAME: W W GUOCGI f) NRIC/FIN/PASSPORT: 9 25 3372 X CONTACT: 9/500095











* MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way. # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Comprehensive

Certificate No. B 28832033 MKC

1. Index Mark and Registration Number of Vehicle GBD1788J

2. Name of Policyholder

Hock Seng Food Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 15/11/2018
- 4. Date of Expiry of Insurance

14/11/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
- 6. Limitations as to use*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers

Excess: SGD750

for Chief Executive Officer

BUSINESS PROFILE



REQUEST CRITERIA

(You have requested to search on the following)

Date of Request:

16/11/2018

Name of Requestor:

HOCK SENG FOOD PTE LTD-BRANCH B

Requested Entity Name :

HOCK SENG FOOD PTE LTD

Requested Entity Number:

198200777M

File Reference Number :

SEARCH RECORD

Entity Name:

1) HOCK SENG FOOD PTE LTD

Entity Number:

198200777M

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF COMPANY

Entity Name:

HOCK SENG FOOD PTE LTD

Entity Number:

198200777M

Date Of Registration (dd/mm/yyyy):

01/03/1982

Country Of Incorporation:

SINGAPORE

Date Of Change Of Name:

Former Name:

Type Of Company:

PRIVATE COMPANY LIMITED BY SHARES

Registered Office Address:

267 PANDAN LOOP

SINGAPORE 128439

Date Of Change Of Address:

21/03/2009

Principal Activity / Activities:

1)WHOLESALE TRADE OF A VARIETY OF GOODS WITHOUT A DOMINANT PRODUCT

2)MANUFACTURE OF INSTANT BEVERAGES (10761)

Status:

LIVE COMPANY

Status Date:

01/03/1982

CAPITAL STRUCTURE

Capital Structure:			
	No. Of Shares	Currency	Amount
ISSUED ORDINARY	4,000,000.00	SINGAPORE, DOLLARS	4,000,000.00
PAID-UP ORDINARY	-	SINGAPORE, DOLLARS	2.31990.0490.0000
lote: The number of shares is displayed un-	to the desired of	- TO THE OTTE OF THE OTTE OTTE OTTE OTTE OTTE OTTE OTTE	4,000,000.00

CHARGE(S)

AUDITOR(S)

Name	
BDO LLP	Date Of Appointment
	11/07/2006
OFFICER/ON LANGUAGE	the state of the s

OFFICER(S) / AUTHORISED REPRESENTATIVE(S)

Name ID	Address Date Of Change Of Address	Nationality	Date Of Appointment/ Position Held
CHONG POH SOON S0156901E	29 PHOENIX RISE HUA MEI GARDENS SINGAPORE 668229 29/06/1988	SINGAPORE CITIZEN	01/03/1982 DIRECTOR
LIM KIM ENG \$0225359C	2B HONG SAN WALK #02-02 PALM GARDENS SINGAPORE 689048 06/11/2009	SINGAPORE CITIZEN	30/06/1994 DIRECTOR
LIM HAI CHEOK 508452981	29 PHOENIX RISE HUA MEI GARDENS SINGAPORE 668229 30/08/1988	SINGAPORE CITIZEN	01/03/1982 DIRECTOR 01/03/1982 MANAGING DIRECTOR
NG GEOK LAN (HUANG YULUAN) \$1592193E	8 ROBINSON ROAD #07-00 ASO BUILDING SINGAPORE 048544 01/11/2016	SINGAPORE CITIZEN	30/06/2017 SECRETARY
-IM HOCK CHYE DANIEL 57408661F	52A TOH TUCK ROAD #07-09 SIGNATURE PARK SINGAPORE 596744 11/06/2018	SINGAPORE	03/01/2007 DIRECTOR
VARINAT LIM 58690021A	8 ROBINSON ROAD #07-00 ASO BUILDING SINGAPORE 048544 30/03/2016	SINGAPORE CITIZEN	30/06/2017 SECRETARY

SHAREHOLDER(S)

(Entity Numbers Prefixed with UF Or ACRA are Numbers allotted by ACRA for Purposed of Identification.)

Nationality	Address	
SINCAPORE	Date Of Change Of Address	
SINGAPORE	267 PANDAN LOOP	
	SINGAPORE 128439 23/03/2009	
No Of Shares	Currency	
4,000,000.00	SINGAPORE, DOLLARS	
	4.000.000.00	

COMPLIANCE RECORD

Date Of Last AGM:	24/05/2018	THE CASE OF
Date Of Last AR:	24/05/2018	
Date Of A/C Laid At Last AGM:	31/12/2017	

THE ABOVE INFORMATION IS UPDATED TO 01 DAY FROM 16/11/2018 PLEASE NOTE THAT THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS FILED WITH THE AUTHORITY

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