

# NATIONAL Assessment Centre Services

Date In: 03/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/21009206/13	SAS e-filing		
Veh No: GBD 2866K	E-mail (w/then Max: 2hrs)		
DOA 02/09/21 0645	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XBS767T	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :** \_\_\_\_\_

Date/Time	Actions

NA2103586	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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 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. 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	03/09/2021 18:33 (SGT)
Date of Accident	02/09/2021 06:45 (SGT)
Exact Location of Accident	Jurong Town Hall, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2866K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ONESG BATH & CUCINA PTE LTD
Company Reg No	2XXXXX349G
Email Address	sg_prakash2007@yahoo.com
Mobile Phone No	(Phone) +65-98007025
Alternative Phone No	+65-98007025

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V02078/VCV/R00
Cover Note Number	-

### DRIVER

Name of Driver	MOORTHY RAJKIRAN
Passport No/FIN	GXXXX637X

Date Of Birth	15/05/1990
Occupation	Outdoor
Date Of Driving Pass	22/10/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84374257
Alt. Phone Number	-
Email Address	88motorz@gmail.com
Address	BLK 588A SERANGOON RD
Address complement	#02-01
Postcode	218202
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	KATHAVARAYAN NARENDRA
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB5767T
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ1620L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

## 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 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' 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

(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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A - GBD2866K  
B - XB5767T  
C - SKZ1620L

Describe Circumstances of the Accident

I WAS DRIVING ON JURONG TOWNHALL ROAD AND STOPPED  
AT THE JUNCTION AS THE TRAFFIC LIGHT WAS RED.  
SUDDENLY, VEHICLE B COLLIDED ONTO THE REAR OF  
MY VEHICLE, THEN ALSO COLLIDED ONTO ANOTHER  
VEHICLE ON THE MAIN TRAFFIC. ~~IT SET UP~~

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

M. Rajiv  
2-09-2021

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

Sign 03/09/21

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210902/7029

1 of 3

Report No. T/20210902/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2021 19:11	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>		
Name of Informant: MOORTHY RAJKIRAN		Address: 588A SERANGOON ROAD #02-588A SINGAPORE 218202
ID Type / ID No.: FIN NO / G3287637X		Contact No.: Home/Office: Mobile: 84374257
Nationality: INDIAN		Email: rioraj1234@gmail.com
Sex: Male	Age: 31	Date of Birth: 15/05/1990
Type of Informant: Driver		Institution / School Name:
Race: Indian		Language: English
Occupation: Electrician		Driving Licence Information: Class: 3 Date of Expiry: 15/09/2024

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2021 06:45	Type of Location: T-Junction
Location:  JURONG TOWN HALL ROAD				
Weather: Raining		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: waiting at traffic red signal				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD2866K	Van	NISSAN	NV350	Silver	Seriously Damaged	1
SKZ1620L	Car	TOYOTA		White	Seriously Damaged	0
XB5767T	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20210902/7029

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210902/7029

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD2866K	LIBERTY INSURANCE PTE LTD	SD21V02078/VCV/R00	22/02/2021	21/02/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	KATHAVARAYAN NARENDARAN		ID No.	G8313828P
Related Vehicle	GBD2866K (Van)		Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/09/2021		Date	02/09/2021
No. of Days granted Medical Leave	02		Degree of	Slight
Driver				
Name	MOORTHY RAJKIRAN		ID No.	G3287637X
Related Vehicle	GBD2866K (Van)		Contact No.	84374257
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 15/09/2024
Date	02/09/2021		Date	02/09/2021
No. of Days granted Medical Leave	02		Degree of	Slight

Brief Details.

I was waiting at traffic light for red. The lorry XB5767T from behind hit my van and pushed in front.



**SINGAPORE  
POLICE FORCE**



T/20210902/7029

3 of 3

Report No. T/20210902/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
TAN JUN YAN  
Contact No.: 65476311

This report is lodged at Rochor NPC Kiosk 1  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
02/09/2021 19:11

Classification Of Case:

VEHICLE NO: GSD2866K

MAKE &amp; MODEL: NISSAN NV350

ALTO / MARUTI

DATE OF ACCIDENT	02 / 09 / 2021	CC: 2-5
TIME OF ACCIDENT	0923 HRS	AM / PM
LOCATION OF ACCIDENT	JURONG TOWNHALL ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ONESG BATH & <del>Family</del> LUCINA PTE LTD	
TELEPHONE NO	Mobile: 98007025	Office: Home:
NRIC	200813349G	SG-PRAKASH2007@YAHOO.COM
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	CC: -
FLEET POLICY	YES / NO?	BBMOTOR2@GMAIL.COM
INSURANCE CO	LIBERTY INSURANCE	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO	SDJIV02078 / VCV / R00	
NAME OF DRIVER	AS ABOVE / IF NO. MOORTHY RAJKIRAN	
NRIC	G32B7637X	
DATE OF BIRTH	15 / 05 / 1990	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	KATHAVARAYAN NARENDARAN	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	22 / 10 / 2020	
GENDER	Male / Female	
CONTACT NO.	Mobile: 84374257	Office: Home:
EMAIL		
ADDRESS	BLK 588 SERANGOON RD #02-01 (218302)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No.	
WEATHER CONDITION	Clear / Rainy / Other.	
ROAD SURFACE	Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who? DRIVER & PASSENGER	
CONTACT NO.		
POLICE REPORT	No / If yes, Where? PENDING INVESTIGATION	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	GSD2866K	Any Passenger.
NAME	XB5767T	
CONTACT NO.		Any Passenger.
VEHICLE C NO.		Any Passenger.
VEHICLE D NO.		Any Passenger.
VEHICLE E NO.		Any Passenger.
VEHICLE F NO.		Any Passenger.
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	SP WITH TP
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

02/09/21  
waiting for police report ✓




**Liberty**  
Insurance.



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD21V02078 /VCV /R00
<b>Form</b>	MZ300A
<b>Date Of Issue</b>	29-JAN-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBD2866K
<b>2.Chassis number of Vehicle:</b>	JN1MC2E26Z0002756
<b>3.Name of Policyholder:</b>	ONESG BATH & CUCINA PTE. LTD.
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	22-FEB-2021 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	21-FEB-2022 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
Any person who is driving on the Policyholder's order or with their permission.	
Provided that the person driving is permitted in accordance with the licensing or other 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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7.Limitations as to use*:</b>	
A) Use in connection with the Policyholder's business.	
B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
C) Use for social, domestic and pleasure purposes.	
<b>8.The Policy does not cover:</b>	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing or 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 are not to be included under these headings.	
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.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S. \$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	ABWIN PTE LTD
<b>PRODUCER NAME:</b>	HIAH MOH WATT

CSJP/CSJP/29-JAN-21

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

29-JAN-21

## INFORMATION RESOURCES

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

Business Profile (Company) of ONESG BATH & CUCINA PTE. LTD. (200813349G)

Date: 02/09/2021

## Shareholder(s)

Name	ID	Nationality/Citizenship Place of incorporation/ Origin/Registration	Source of Address	Address Changed
Address				
254 BUKIT BATOK EAST AVENUE 4 #04-231 SINGAPORE (650254)				
Ordinary(Number)	Currency			
100003	SINGAPORE, DOLLARS			

## Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

## Note :

- The information contained in this product is collated from lodgements filed with ACRA, and/or information collected by other government sources.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](http://www.acra.gov.sg).

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA210902134867

DATE : 02/09/2021

This is computer generated. Hence no signature required.



Authentication No. : M21722867L

## INFORMATION RESOURCES

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## Business Profile (Company) of ONESG BATH &amp; CUCINA PTE. LTD. (200813349G)

Date: 02/09/2021

Registered Office Address	34B HILLVIEW TERRACE HILLVIEW INDUSTRIAL ESTATE SINGAPORE (669256)
Date of Address	22/01/2021
Date of Last AGM	31/12/2014
Date of Last AR	04/02/2015
FYE As At Date of Last AR	30/06/2014

## Audit Firms

## NAME

## Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
------------	-----------------	----------	----------------	------------

## Officers/Authorised Representative(s)

Name	ID	Nationality/Citizenship	Source of Address	Date of Appointment
Address		Position Held		
ARTHANARESWARAN DINESHKUMAR	S8580777C	INDIAN	ACRA	07/03/2019
227 PENDING ROAD #09-219 SINGAPORE (670227)		Director		
JAYARAMAN KALIDOSS	S7475793F	SINGAPORE CITIZEN	ACRA	22/01/2021
254 BUKIT BATOK EAST AVENUE 4 #04-231 SINGAPORE (650254)		Director		
VIJAYALAKSHMI JAGADEESH	S2720652B	SINGAPORE CITIZEN	OSCARS	24/02/2014
408 FAJAR ROAD #10-345 SINGAPORE (670408)		Secretary		

## Shareholder(s)

Name	ID	Nationality/Citizenship	Source of Address	Address Changed
Address		Place of incorporation/ Origin/Registration		
1 JAYARAMAN KALIDOSS	S7475793F	SINGAPORE CITIZEN	ACRA	10/11/2019

Authentication No. : M21722867L

## INFORMATION RESOURCES

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

## Business Profile (Company) of ONESG BATH &amp; CUCINA PTE. LTD. (200813349G)

Date: 02/09/2021

## The Following Are The Brief Particulars of :

UEN : 200813349G  
Company Name : ONESG BATH & CUCINA PTE. LTD. (w.e.f.02/04/2016)  
Former Name if any : GLOBAL NDT INTERNATIONAL PTE. LTD.  
Incorporation Date : 08/07/2008  
Company Type : EXEMPT PRIVATE COMPANY LIMITED BY SHARES  
Status : Live Company  
Status Date : 08/07/2008

## Principal Activities

Activities (I) : RETAIL SALE OF HOUSEHOLD ELECTRICAL APPLIANCES AND EQUIPMENT (EG VACUUM CLEANERS, WASHING MACHINES, REFRIGERATORS) (47535)  
Description : INSTALLATION OF KITCHEN, BATHROOM, ELECTRICAL APPLIANCES & ACCESSORIES  
Activities (II) : WHOLESALE TRADE OF A VARIETY OF GOODS WITHOUT A DOMINANT PRODUCT (46900)  
Description : IMPORTER & RETAILER OF KITCHEN, BATHROOM, ELECTRICAL APPLIANCES & ACCESSORIES

## Capital

Issued Share Capital	Number of Shares *	Currency	Share Type
(AMOUNT)			
100003	100003	SINGAPORE, DOLLARS	ORDINARY

\* Number of Shares includes number of Treasury Shares

Paid-Up Capital	Number of Shares	Currency	Share Type
(AMOUNT)			
100003		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
------------------	----------

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	349G
Vehicle No.:	GBD2866K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	16 Sep 2021
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	YD25353428A
Chassis No.:	JN1MC2E26Z0002756
Maximum Power Output:	-
Open Market Value:	\$23,804.00
Original Registration Date:	22 Aug 2014
First Registration Date:	22 Aug 2014
Transfer Count:	1
Actual ARF Paid:	\$1,191.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	21 Aug 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$35,020.00
COE Rebate Amount:	\$10,261.00
<b>Total Rebate Amount:</b>	<b>\$10,261.00</b>

The information contained herein is correct as at 02 Sep 2021

OK