

NATIONAL Assessment Centre Services

Date In: 05/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC/18008227/13	SAS e-filing		
Veh No: 5LE99014	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/04/18 3120	i-Motor Claim Form	107/0992762 - 002	
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: SUB/6280	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

NA1802816	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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) RT : 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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*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 (N-n INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile \$30		
	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 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.
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 Report	05/05/2018 11:32
Date Of Accident	29/04/2018 21:20
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9901Y
Insured/Policyholder	
Name Of Registered Owner	APEX LEASING PTE LTD
Co Reg No	201616961Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91236644
Alternative Phone No	OFFICE-91236644

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5082827526-01
Cover Note Number	

Driver

Name of Driver	LOH WEI KIAT
NRIC No	S9149293H
Date Of Birth	21/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87151660
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 16 TELOK BLANGAH CRESCENT #09-322
Postcode	090016
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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) soliciting/offering accident claims assistance.	NO
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

PLS REFER TO THE ATTACHED STATEMENT. I CAN'T REPORT WITHIN 24 HRS COZ I WAS AWAY FROM SINGAPORE AND THERE'S AN ATTACHED OF THE PASSPORT STAMP THAT I WAS AWAY FROM SINGAPORE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAN'T RETRIEVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB1628D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIELLE GOZALI
NRIC/Passport Number	
Contact Number	82681501
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
- (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:
 - (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.



Policyholder's Signature
Date & Time:

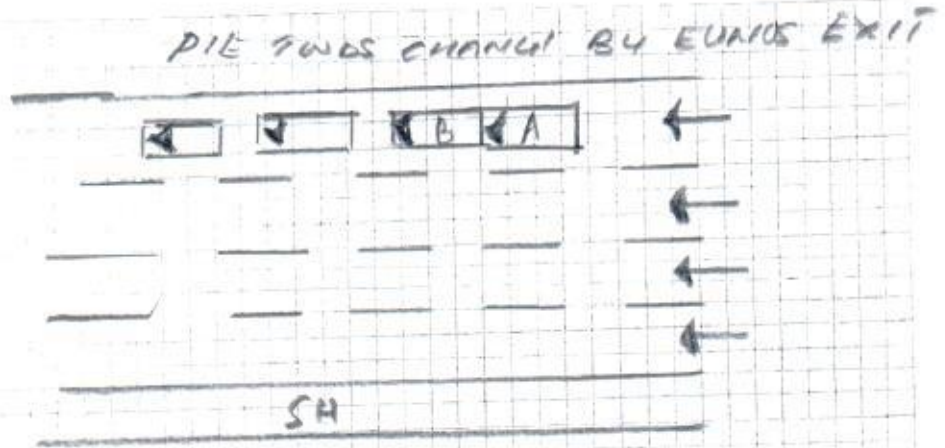
 2/5/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 05/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - SLE9901Y

B - SJB1628D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.



DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

2/5/2018

05/05/18

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS CHANGI B4 EUNOS EXIT ON THE 1ST LANE OF A4-LANES RD. SUDDENLY INFRT OF MY VEH E-BRAKE,I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 04 / 2018) (DD/MM/YYYY), TIME: (21 : 20) (HH:MM)

LOCATION: PIE towards Changi before Eunos Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 9901 Y
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5082827526 - 01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Axios
f) TYPE: BALLOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9123 6644
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loh Wei Kiat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 9149293 H CONTACT: 87151660
c) ADDRESS: Blk 16 Telok Blangah Crescent #09-322
S 090016

*d) DATE OF BIRTH: (21 / 11 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJB 1628D MODEL: _____
b) DRIVER'S NAME: DANIELLE GOZALI
c) NRIC/FIN/PASSPORT: _____ CONTACT: 82681501

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

VIDEO - YES

Email =

(CAN'T RETRIEVED) fax =

02/05/18

waiting company

stamp. 05/05/18

25 APR 2018

40 VISAS

VISAS

65

A 5x10 grid of dots forming the letters 'H', 'U', 'S', 'S', 'A', 'N'.

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:

1

PASSPORT  REPUBLIC OF SINGAPORE



LOH WEI KIAT

3

21 NOV 1991

27 NOV 2017

10 APR 2023

SEE PAGE 2

National ID No
S9149293H

Nationality
SINGAPORE CITIZEN

INDONESIA

MINISTRY OF HOME AFFAIRS



PASGPILOH<<WEIKIAT<<<<<<<<<<<<<<<<<<<<<<
K0063889HS G P 911211M2304104S9149293H<<<<<D0

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9149293H**

Name: **LOH WEI KIAT**

Birth Date: **21 Nov 1991**

Issue Date: **17 Jan 2012**

002035475C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9149293H

Name: **LOH WEI KIAT**

罗伟杰

Race: **CHINESE**

Date of birth: **21-11-1991**

Sex: **M**

Country of birth: **INDONESIA**



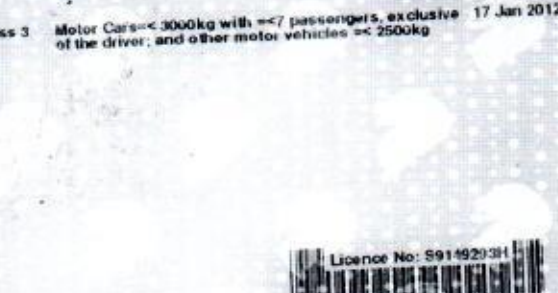

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **17 Jan 2012**

NP 428A

Licence No: S9149293H



3970392

NRIC No. S9149293H

Date of issue
05-12-2006

Address
APT BLK 16 TELOK BLANGAH CRESCENT
#09-322
SINGAPORE 090016




Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

29/04/2018 21:20

Vehicle No.(For Motor)

SLE9901Y

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082827526-01	APEX LEASING PTE LTD	201616961Z	GFT	drive CLASSIC	SLE9901Y	SLE9901Y	04/08/2017	

5/5/2018

Claim Handling(Claim Task 002 OD-MX)

Claim Handling

Accident MT/0992762

Policy No.	5082827526-01	Vehicle No.	SLE9901Y	GST Registration No.	
Policyholder Name	APEX LEASING PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201616961Z
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
MCD Protection	No			Private Hire	Not available

Report Date	03/05/2018 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/04/2018	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TO CHANGE B4 EXIT 9				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	02-20	Related Policy Number	5093501453		

O1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	APEX LEASING PTE LTD	Insured NRIC	201616961Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SLE9901Y	TP Vehicle Number	5JB1628D
Claim Description	SLE9901Y / 5JB1628D ON 29 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/05/2018 00:00
Date Registered	05/05/2018 14:00	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0992762	Claim No.	002
Last Dec. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/05/2018 00:00

Category *	Confidential	Urgency *	Descr
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&odOrTp=1&isWorkshop=®Check=1&taskInstanceId=0&taskId=0&objectId=>



5/5/2018

Claim Handling(Claim Task 002 OD-MX)

Message Read

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	SAS	Normal	SAS 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:59	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 13:58	Photos	Normal	Photos 2018-5-5
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
		Display in New Window	Scan and uploading	