

NATIONAL Assessment Centre Services

Date In: 05/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008232/13	SAS e-filing		
Veh No: SUV7613B	E-mail (within 8hrs, Aft 2hrs)		
D.O.A: 04/05/18 1755	i-Motor Claim Form	MT/0993113 - 001	
OD: <input checked="" type="radio"/> 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: (	TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SKX4354X	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

NA1802819	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	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)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Auditors' Comments :-	8) NTUC Additional Services:-		
Cat. 1:	OD:		
Cat. 2/3:	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date:	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 15:33
Date Of Accident	04/05/2018 17:55
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7613B
Insured/Policyholder	
Name Of Registered Owner	FTAN SERVICES
Co Reg No	53334253L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90052861

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084531630-01
Cover Note Number	

Driver

Name of Driver	TAN WEE CHIOU
NRIC No	S0037671Z
Date Of Birth	27/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1967
Driving Experience	51 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90052861
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 322A JURONG EAST ST 31 #04-260
Postcode	601322
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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	SKX4354X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF6460K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

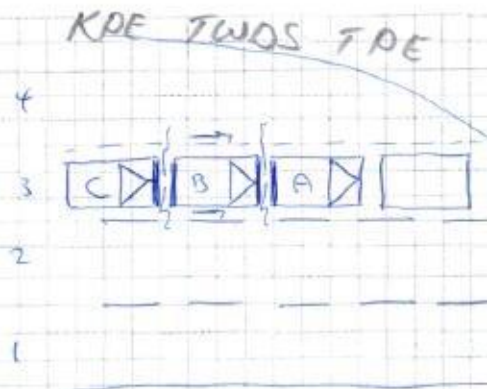

Policyholder's Signature
Date & Time:


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

VEHICLE A - SJV 7613B
 VEHICLE B - SKX 4354X
 VEHICLE C - GBF 6460K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ON THE 3th LANE OF KPE/TPE RIGHT AFTER ENTERING FROM ECP TOWARDS CITY.

WHILE DRIVING STRAIGHT AHEAD, DUE TO THE HEAVY TRAFFIC I SLOW DOWN AND CAME TO A COMPLETE STOPPED. AND SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SKX 4354X) THAT COLLIDED TO THE REAR OF MY VEHICLE, AFTER HE WAS HITTED BY A TRUCK BEARING (GBF 6460K) AT THE REAR OF VEHICLE (SKX 4354X)

VEHICLE A - SJV 7613B
 VEHICLE B - SKX 4354X
 VEHICLE C - GBF 6460K

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)

Reporting Centre Personnel's Signature
 Name:

Vehicle No.	STV 2613 B	Model / Make	HONDA JAZZ
Date of Accident	04/05/18		
Time of Accident	1755	HRS	
Location of Accident	KPIE TOWARDS TPIE		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	FTAN SEHILAS		
Telephone No.	H/P : 9005 2861	Home :	Office :
NRIC	53334253 L		
Address	BLK 322A JURONG EAST STREET 31 #04-260 S(601322)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTMC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5084521630-01		
Name of Driver	As Above If (No) TAN WEI CHOW		
NRIC	500376712	Any Passengers :	1 FEMALE
Date of birth	27 NOV 1949		
Occupation	Outdoor / Indoor		
Driving License Pass Date	21 MAR 1967		
Gender	Male / Female		
Contact No.	H/P : 9005 2861	Home :	Office :
Address	BLK 322A JURONG EAST STREET 31 #04-260 S(601322)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	CO. OWNER	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SX 4334 X	Any Passengers :	1
Name of Driver		Contact No. :	
Vehicle C No.	G8F6460K	Any Passengers :	NIL
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTIE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n5i.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0037671Z**

TAN WEE CHIEW

Birth Date: 27 Nov 1949
Issue Date: 15 Feb 2003

000200347J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0037671Z**

TAN WEE CHIEW

陳偉昭

Race: **CHINESE**
Date of Birth: **27-11-1949**
Country of Birth: **SINGAPORE**

Sex: **M**

S0037671Z



Land Transport Authority


VOCATIONAL LICENCE

Licence No: **S0037671Z**

Name: **TAN WEE CHIEW**

Issue Date: **23/1/2006**

Please visit www.lta.gov.sg to check the status of this vocational licence




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Mar 1967

Licence No: **S0037671Z**

NP 428A



0639884

S0037671Z

NRIC No: **S0037671Z**

Blood Group: **A+** Date of issue: **28-11-1992**

APT BLK 322A JURONG EAST STREET 31 #04-260
SINGAPORE 601322
NRIC No: **S0037671Z** Date: **11/09/2007** No: **5844553**




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

Type	Description	Issue Date
02	TAXI VL	24/02/2005



[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

04/05/2018 17:55

Vehicle No.(For Motor)

SJV7613B

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084531630-01	FTAN SERVICES	53334253L	GPC	drive CLASSIC	SJV7613B	SJV7613B	08/02/2018	07/02/2019

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)

Certificate Number: 508453163D-01

Cover: drive CLASSIC

1. Index mark and Registration Number of Vehicle

SIV7613B

Chassis Number

JHMGE67509S221768

2. Name of Policyholder

FTAN SERVICES

3. Effective Date of Insurance

08 Feb 2018

4. Expiry Date of Insurance

07 Feb 2019

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

6. Limitations as to Use

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hire Vehicle's business

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed testing

(b) Use for the carriage of goods (other than samples) in connection with any trade or business

(c) Use for any purpose in connection with the Motor Trade

ii. 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 "Other headings"

EXCESS (SECTION 1)

552,000

EXCESS (SECTION 2)

551,500

WINDSCREEN EXCESS

551,500

ADDITIONAL EXCESS

N/A

UNNAMED DRIVER EXCESS

PLEASE REFER TO RELEASE

REPAIR AT OWNER'S PREFERRED WORKSHOP

N/A

INSURE WITH COI

YES

NCD PROTECTION

YES

TRANSPORT ALLOWANCE

NO

EXCESS WAIVER

NO

PRIMARY DRIVER

N/A

NAMED DRIVER (1)

N/A

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

N/A

SUM INSURED

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency

TELESALES DIRECT MARKETING (00000601661)

Date of Issue

04 Jan 2018 16:22 hrs

Reprint

04 Jan 2018 16:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0993113

Policy No.	5084531630-01	Vehicle No.	SJV7613B	GST Registration No.	
Policyholder Name	FTAN SERVICES	Cover Type	drive CLASSIC	Policyholder NRIC	53334253L
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90052861	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

Report Date

05/05/2018 15:58

Date of Accident

04/05/2018

Reporting Centre

KPE TWDS TPE

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

17:55

Orange Force

Accident Type

Chain Collision

Country of Accident

Singapore

ICM No.

Excess

Own damage Excess

2,000.00

Additional Excess

0.00

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 No.

GST Registration Date

GST Status Verified

No

Modification History

Policyholder Mailing Address

Address 1

BLK 322A #04-260

Address 2

JURONG EAST STREET 31

Address 3

SINGAPORE 601322

Address 4

Address Type

Singapore address

Post Code

601322

Unit No.

04-260

Related Policy Number

5084531630-01

01 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

27/11/1949

Unnamed driver Name

TAN WEE CHIOU

Driver NRIC

S0037671Z

Driving Experience

51

Register Date of Driver License

21/03/1967

Driver Age

68

Contact No.(Home)

0

Contact No.(Mobile)

90052861

Contact No.(Office)

0

Contact No.(Home)

0

Address 1

BLK 322A

Address 2

JURONG EAST STREET 31

Address 3

SINGAPORE 601322

Address 4

Address Type

Singapore address

Post Code

601322

Unit No.

#04-260

Driver Vehicle No.

Does he own a Singapore Registered car?

Yes ☐ No ☐

Driver Insurer Company

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	Yes <input type="radio"/> No <input type="radio"/>

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	FTAN SERVICES	Insured NRIC	53334253L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67886616
Email Address		OI Vehicle Number	SJV7613B	TP Vehicle Number	SKX4354X
Claim Description	SJV7613B / SKX4354X ON 4 May 2018			Name of Preferred Workshop	TWINCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	05/05/2018 00:00
Date Registered	05/05/2018 16:04	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0993113	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/05/2018 00:00

Path *

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

5/5/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:04	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 16:04	SAS	Normal	SAS 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:04	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:04	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:04	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:03	Photos	Normal	Photos 2018-5-5
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:03	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:03	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:03	Photos	Normal	Photos 2018-5-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 05 May 2018 16:03	Photos	Normal	Photos 2018-5-5

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading