

NATIONAL Assessment Centre Services

Date In: 07/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008313/13	SAS e-filing		
Veh No: SF486194	E-mail (within 8hrs, M-F 2hrs)		
DOA: 06/05/18 / 1600	i-Motor Claim Form	MT/0993329-001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLC6370J** INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
NA1800832	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 willful 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	07/05/2018 16:20
Date Of Accident	06/05/2018 16:00
Exact Location Of Accident	ALONG TEW CHEW STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU8619G
Insured/Policyholder	
Name Of Registered Owner	SHUTTLECARS
Co Reg No	53342058W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91803288

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	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	5095871921
Cover Note Number	

Driver

Name of Driver	TAN HOCK LIONG
NRIC No	S1687390Z
Date Of Birth	21/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91803288
Fax Number	
Contact Number	
EEmail Address	JAYTANHL@GMAIL.COM

Address BLK 386 YISHUN RING ROAD
#12-1715

Postcode 760386

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 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? YES

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: : RAFIZAH
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES EAST NPP

Police Station Address ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7839999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180507/2092

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FRONT ONLY WITH DRIVER

Was there any audio recorded? NO

Details of Witness 1

Name RAFIZAH

Phone Number 96237084

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC6370J

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	KOH MENG KOK
NRIC/Passport Number	S1278839H
Contact Number	92702630
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN HOCK LIONG
Approximate Age	
Injuries Sustain	BACK,NECK,SHOULDER & VISION DISCOMFORT
Injured person in which vehicle?	SFU8619G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

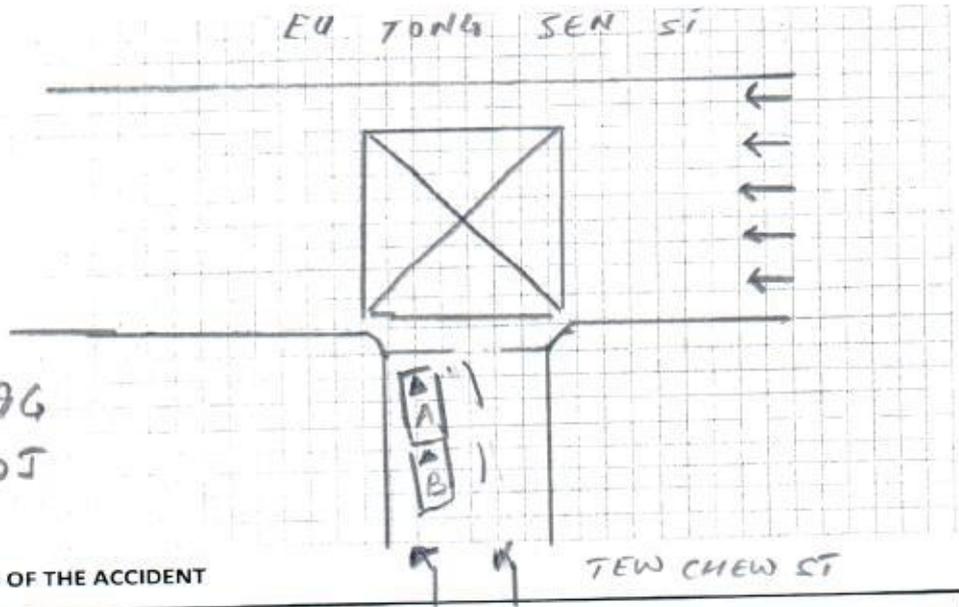


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - SFU8619G
 B - SLC6370J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: T/20180507/2092

DECLARATION

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



Policyholder's Signature
 Date & Time:

Jaylan

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

ofyew 07/05/18

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



**SINGAPORE
POLICE FORCE**



T/20180507/2092

1 of 4

Report No. T/20180507/2092

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2018 15:28	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: TAN HOCK LIONG		Address: APT BLK 386 YISHUN RING ROAD #12-1715 SINGAPORE 760386	
ID Type / ID No.: NRIC NO / S1687390Z		Contact No.:	Mobile: 91803288
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 21/05/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 TEW CHEW STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SFU8619G	Car	NISSAN	LATIO 1.5LHB	Blue	Slightly Damaged	1
SLC6370J	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White		0



Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180507/2092

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HOCK LIONG	ID No.	S1687390Z
Related Vehicle	SFU8619G (Car)	Contact No.	91803288
Hospital/Clinic	ORTHOSPORTS ORTHOPAEDIC SURGERY & SPORTS MEDICINE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Driver			
Name	KOH MENG KOK	ID No.	S1278839H
Related Vehicle	SLC6370J (Car)	Contact No.	92702630
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 6/5/2018 at about 1600hrs, I had picked up a passenger from The Central. I had then proceeded to drive along Tew Chew Street.

As I approached the T-Junction leading to Eu Tong Sen Street, I had slowed down as there were other cars ahead of me. I had then came to a stop at the stop line. All of a sudden, there was an impact from the rear. I had checked with my passenger and she informed that she was ok. As such, I had stepped out of my car to make further checks on what had happened.

I saw that another vehicle had rear ended me. I had requested to exchange particulars with the other driver however, he was reluctant initially but he did eventually produced his driver license. I had then also taken photos of the damages. As a result of the impact, the rear bumper of my car was dislodged and suffered from some scratches.

After the accident, I had gone home. I had then began to felt pain in my neck at night as well as some vision discomfort. As such I had gone to OrthoSports on 7/5/2018 for outpatient treatment. I was then given 8 days of medical leave (7/5/2018-14/5/2018).



**SINGAPORE
POLICE FORCE**



T/20180507/2092

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Report No. T/20180507/2092

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Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180507/2092

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

4 of 4

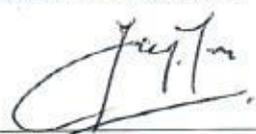
Report No. T/20180507/2092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 BRYAN LIM GHIM SONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/05/2018 15:28
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1687390Z



Name
TAN HOCK LIONG



Race
CHINESE

Date of Birth
21-05-1965

Sex
M

Country of Birth
SINGAPORE

S1687390Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1687390Z**

Name
TAN HOCK LIONG

Birth Date **21 May 1965**

Issue Date **13 May 2003**




900486378J

1462400



NRIC No. **S1687390Z**



Blood Group
O+

Date of issue
25-11-1993

APT BLK 386 YISHUN RING ROAD #12-1715
 SINGAPORE 760386

S1687390Z

05/06/2013

SINGAPORE 1949

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

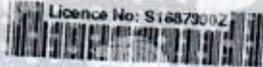
CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms **31 May 1995**



NP 428A

License No: S1687390Z



Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095871921	SHUTTLECARS	53342058W	GPC	drive CLASSIC	SFU8619G	SFU8619G	17/11/2017	16/11/2018

Continue

Claim Handling

Accident MT/0993329

Policy No.	5095871921	Vehicle No.	SFU8619G	GST Registration No.	
Policyholder Name	SHUTTLECARS	Cover Type	drive CLASSIC	Policyholder NRIC	53342058W
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91803288	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	Yes		

Accident Details

Report Date	07/05/2018 18:20	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/05/2018	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TEW CHEW STREET				

Benefits

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 Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 386 #12-1715	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760386
Address 4		Address Type	Singapore address	Post Code	760386
Unit No.	12-1715	Related Policy Number	5095871921		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/05/1965
Unnamed driver Name	TAN HOCK LIONG	Driver NRIC	S1687390Z	Driving Experience	22
Register Date of Driver License	31/05/1995	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	91803288	Contact No.(Office)	0	Address 3	SINGAPORE 760386
Address 1	BLK 386	Address 2	YISHUN RING ROAD	Post Code	760386
Address 4		Address Type	Singapore address		
Unit No.	#12-1715	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SHUTTLECARS	Insured NRIC	53342058W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67487458
Email Address		O1 Vehicle Number	SFU8619G	TP Vehicle Number	SLC6370J
Claim Description	SFU8619G / SLC6370J ON 6 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/05/2018 00:00
Date Registered	07/05/2018 18:25	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0993329	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2018 00:00

Path *	Category *	Confidential	Urgency *	Descr
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	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 07 May 2018 18:25	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:25	SAS	Normal	SAS 2018-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:25	Photos	Normal	Photos 2018-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:24	Photos	Normal	Photos 2018-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:24	Photos	Normal	Photos 2018-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:24	Photos	Normal	Photos 2018-5-7
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:24	Photos	Normal	Photos 2018-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 07 May 2018 18:24	Photos	Normal	Photos 2018-5-7

Video List

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