

NATIONAL Assessment Centre Services

Date In: 14/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008749/13	SAS e-filing		
Veh No: YP49285	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/05/18 1855	i-Motor Claim Form	MT/0994300 - 001	
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: (N-51)	Tel:	Fax:
TP Particulars:	Veh No: GBD5363A	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

NA1803026	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against JNC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	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 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	14/05/2018 18:53
Date Of Accident	13/05/2018 18:55
Exact Location Of Accident	SLE TWDS BKE AFT UPP THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4928S
Insured/Policyholder	
Name Of Registered Owner	HS INTERNATIONAL PTE. LTD.
Co Reg No	200909445C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83028458

Vehicle Particulars

Manufacturer	ISUZU
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092384789
Cover Note Number	

Driver

Name of Driver	ZHANG BAOHUA
NRIC No	G2921323U
Date Of Birth	17/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83028458
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	48 TOH GUAN RD EAST #09-116 ENTERPRISE HUB
Postcode	608586
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	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	GBD5363A
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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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:

BAOHua

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

BAOHua

 14/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SLR TOWARDS BKE

VEHICLE A - YD 49285

VEHICLE B - GBD 5363A

4 →

3 →

2 →

1 →



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG SLR TOWARDS BKE. I WAS ON THE 3rd LANE.

DUE TO THE HEAVY TRAFFIC, THE VEHICLE IN FRONT BRAKE SUDDENLY AND I COULDN'T BRAKE IN TIME AND HIT ONTO THE REAR PORTION OF VEHICLE (GBD 5363A)

VEHICLE A - YD 49285

VEHICLE B - GBD 5363A

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.:

Vehicle No.	4P 492TS	Model / Make	ISHU
Date of Accident	13/05/2018		
Time of Accident	1855	HRS	
Location of Accident	SIDE TOWARDS BKE AFTER UPP THOMSON EXIT		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	HS INTERNATIONAL PTE LTD		
Telephone No.	H/P :	Home :	Office :
NRIC	200909445C		
Address	48 TOH GUAN ROAD EAST #09-116 ENTERPRISE HUB S(608586)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5092384789		
Name of Driver	As Above If No, ZHANG DAHUA		
NRIC	PIN 62923234	Any Passengers :	2 (MALE)
Date of birth	17 OCT 1981		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	19 JUN 2017 (CLASS 4)		
Gender	Male / Female		
Contact No.	H/P : 83028458	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
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.	G80 5363 A	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
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	FRONT PORTION		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP			
N-51 AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HS INTERNATIONAL PTE. LTD.

Sector: **CONSTRUCTION**



Name:
ZHANG BAOHUA
Occupation:
DRIVER

S Pass No:
0 77324771



Date of Application:
25-01-2018
Date of Issue:
23-02-2018
Date of Expiry:
23-02-2020



L8629299



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G2921323U**

Name:

ZHANG BAOHUA

Birth Date: **17 Oct 1981**

Issue Date: **22 Mar 2017**

Valid Till: **21/03/2022**



VISIT PASS
Immigration Regulations

Name:
ZHANG BAOHUA



Date of Birth: **17-10-1981** Sex: **M** Nationality: **CHINESE**
FIN: **G2921323U** Date of Issue: **23-02-2018** Date of Expiry: **23-02-2020**

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

		EFFECTIVE DATE	
Class 2B	Motorcycles <= 200 CC	22 Mar 2017	7
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	19 Jun 2017	7
Class 4	Heavy motor cars and motor tractors > 2500 kg	19 Jun 2017	

G2921323U

S / No 9000270833

NP 428A



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 : 5092384789

Cover : Comprehensive

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP49285 |
| Chassis Number | : JALFVR347G7001144 |
| 2. Name of Policyholder | : HS INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance | : 10 Nov 2017 |
| 4. Expiry Date of Insurance | : 09 Nov 2018 |
| 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue : 03 Jul 2017 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	YP4928S	Vehicle Scheme:	Normal
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	ISUZU	Vehicle Model:	FVR34SUQDC
Chassis No.:	JALFVR347G7001144	Engine No.:	6HK1687544
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	7790 cc	Power Rating:	-
Maximum Power Output:-			
Unladen Weight:	6900 kg	Maximum Laden Weight:	16000 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	10 Nov 2016	Original Registration Date:	10 Nov 2016
Manufacturing Year:	2016	Open Market Value:	\$57,973.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$2,899.00		

Owner Particulars

Owner Name:	HS INTERNATIONAL PTE. LTD.
Owner ID Type:	Company
Owner ID:	200909445C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	48
Registered Street Name:	TOH GUAN ROAD EAST
Registered Unit No.:	# 09 - 116
Registered Building Name:	ENTERPRISE HUB
Registered Postal Code:	608586
COE No. / Expiry Date:	2016111005000600W / 09 Nov 2026
COE Bid Category:	C - Goods Vehicle & Bus
PQP Paid:	\$22,869.00

Transaction Details

Business Transaction Ref. No.:	20161110093317250123
Business Transaction Date:	10 Nov 2016
Business Transaction Time:	09 33 17

Message

https://lta.link.vrl.lta.gov.sg/lta/vrl/action/acknowledgeNewReg?FUNCTION_ID=F01... 10/11/2016

Claim Handling

Accident MT/0994300

Policy No.	5092384789	Vehicle No.	YP49285	GST Registration No.	200909445C
Policyholder Name	HS INTERNATIONAL PTE. LTD.			Policyholder NRIC	200909445C
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	83028458	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	14/05/2018 20:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/05/2018	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLE TWDS BKE AFT UPP THOMSON EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	15/06/2009
GST Registration No.	200909445C	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	48 TOH GUAN ROAD EAST	Address 2	#09-138 ENTERPRISE HUB	Address 3	SINGAPORE 608586
Address 4		Address Type	Singapore address	Post Code	608586
Unit No.	09-138	Related Policy Number	5092384789		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/10/1981
Unnamed driver Name	ZHANG BAOHUA	Driver NRIC	G2921323U	Driving Experience	0
Register Date of Driver License	19/06/2017	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	83028458	Contact No.(Office)	0	Address 3	SINGAPORE 608586
Address 1	48 TOH GUAN ROAD EAST	Address 2	ENTERPRISE HUB	Post Code	608586
Address 4		Address Type	Singapore address		
Unit No.	#09-116				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	HS INTERNATIONAL PTE. LTD.	Insured NRIC	200909445C
Contact No.(Mobile)	98731300	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YP49285	TP Vehicle Number	GBD5363A
Claim Description	YP49285 / GBD5363A ON 13 May 2018			Name of Preferred Workshop	NS1
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	14/05/2018 00:00
Date Registered	14/05/2018 20:24	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0994300	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2018 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[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

[Send](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:23	SAS	Normal	SAS 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:23	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:23	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:23	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:23	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:23	Photos	Normal	Photos 2018-5-14

Video List

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