

NATIONAL Assessment Centre Services

Date In: 15/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008801/13	SAS e-filing		
Veh No: SLX96474	E-mail (within 8hrs, AD 2hrs)		
D.O.A: 15/05/18 0930	i-Motor Claim Form	MT/0994489-001	
OD: <input checked="" type="radio"/> 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: (N-51 Tel: Fax:)

TP Particulars: Veh No: SLG6630M 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

NA1803061	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) rT : 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) NI : 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 (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	15/05/2018 14:37
Date Of Accident	15/05/2018 09:30
Exact Location Of Accident	CAIRNHILL RD TWDS GRANGE RD B4 EMERALD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9647G
Insured/Policyholder	
Name Of Registered Owner	ENTERPRISE CAR RENTAL PTE. LTD.
Co Reg No	201701215C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93639889

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	THIRD PARTY
Fleet Policy	YES
Policy Number	5091577771
Cover Note Number	

Driver

Name of Driver	GOH KIM NAM(WU JINNAN)
NRIC No	S8941120C
Date Of Birth	21/11/1989
Occupation	INDOOR
Date Of Driving Pass	15/09/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91519924
Fax Number	
Contact Number	
Email Address	GOHKIMNAM@GMAIL.COM

Address	BLK 964 HOUGANG AVE 9 #10-656
Postcode	530964
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	SIDE SWIPE
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: : 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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6630M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SARIP BIN SALIM
NRIC/Passport Number	
Contact Number	96562303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Vehicle No.	SLX 9647G	Model / Make	HONDA JAZZ
Date of Accident	15/5/18		
Time of Accident		HRS	09:30 AM
Location of Accident	CAZANHILL ROAD TOWARDS GRANGE ROAD before Emerald Link.		
Exact purpose use during accident	working hours.		
Name of Owner	ENTERPRISE CAR RENTAL PTE LTD.		
Telephone No.	H/P: AU: 9363 9889	Home:	Office:
NRIC	2-170125C		
Address	103 DEEM LANE 10 FMA BUILDING S(539223)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	509157771		
Name of Driver	As Above If No, GOH KIM NAM		
NRIC	S8941120C	Any Passengers:	1 (MALE)
Date of birth	21/11/1989		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	15/09/2008		
Gender	Male	/	Female
Contact No.	H/P: 9151 9924	Home:	Office:
Address	APT BLK 964 HOUGANG AVENUE 9 #10-656 S(530964)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	HIREE.
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.	SLG 6630M	Any Passengers:	1 (MALE)
Name of Driver	SARIP BIN SALIM	Contact No.:	9656 2303
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	RIGHT REAR PORTION.		
Camera Recorder	Yes / No		
Email Address	GOH.KIM.NAM@GMAIL.COM		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	HUI XIN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	SALES@N51.COM.SG		

SKETCH PLAN

IMPORTANT NOTICE

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

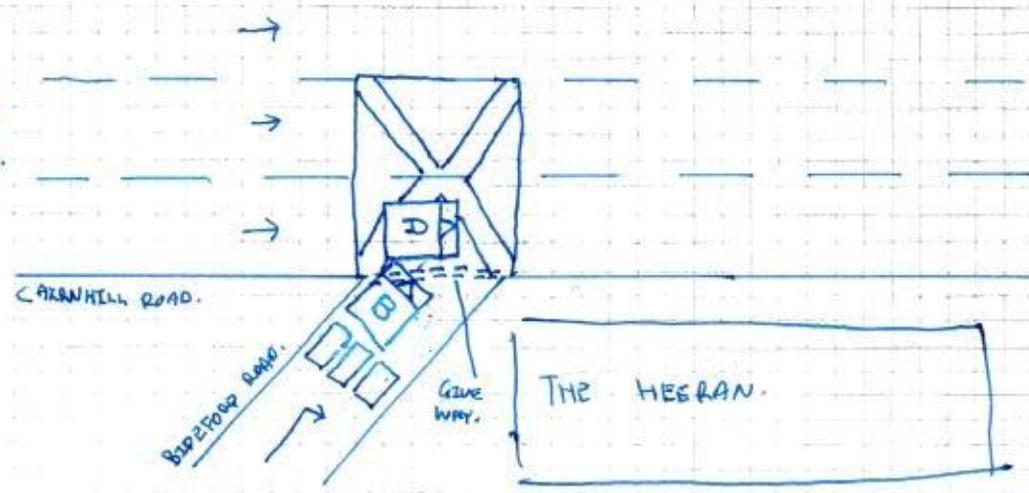
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

CAIRNHILL ROAD TOWARDS GRANGE ROAD AT BIDEFORD ROAD SLIP ROAD.

A - SLX 9647G
B - SLG 6630M.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CAIRNHILL ROAD TOWARDS GRANGE ROAD ON THE extreme right lane of 3-Lanes. carriageway. Somewhere before the heeran, I proceeded forward as the traffic was clear to move. Out of sudden, veh(B) from BIDEFORD ROAD failed to give way to oncoming traffic and collided onto my right rear portion of my vehicle. Thereafter, we alighted and exchanged particulars.

DECLARATION

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



 Policyholder's Signature: *gob*

 Date & Time:

Driver's Signature: *gob*

 (If driver is not the policyholder)

 Date & Time:

Reporting Centre Personnel's Signature: *sgw 15/05/18*

 Name:

 NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S8941120C



Name
GOH KIM NAM
(WU JINNAN)
吴锦南
Race
CHINESE
Date of Birth
21-11-1989 Sex
M
Country of Birth
SINGAPORE

S8941120C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8941120C
Name:
GOH KIM NAM
(WU JINNAN)

Birth Date: 21 Nov 1989
Issue Date: 15 Sep 2008

001652794K

3640036

NRIC No. S8941120C

Date of Issue
23-11-2004

Address
APT BLK 964 HOUGANG AVENUE 9
#10-656
SINGAPORE 530964

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

	PASS DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	15 Sep 2008

NP 428A

Licence No: S8941120C

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: 5091577771

Cover : Third Party

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLX9647G |
| Chassis Number | : JHMGE68509S219603 |
| 2. Name of Policyholder | : ENTERPRISE CAR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance | : 23 Apr 2018 |
| 4. Expiry Date of Insurance | : 22 Apr 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 Hirer'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.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
 Date of Issue : 01 Jun 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Information

Vehicle No.	
Vehicle No. :	SLX9647G
Vehicle Details	
Vehicle Type :	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1 :	No Attachment
Make / Model :	HONDA / JAZZ 1.3L AT
Primary Colour :	Blue
Year of Manufacture :	2008
Maximum Laden Weight :	1540 kg
Unladen Weight :	1060 kg
No. Of Axles :	2
Engine No. :	L13Z11019611
Chassis No. :	JHMGE68509S219603
Engine Capacity :	1339 cc
Maximum Power Output :	73.0 kW (97 bhp)
IU Label No. :	1122873507
Propellant :	Petrol
Passenger Capacity :	4
Original Registration Date :	22 Apr 2009
First Registration Date :	22 Apr 2009
Open Market Value :	\$20,547.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$20,547.00
PARF Eligibility :	Yes
Minimum PARF Benefit :	\$10,273.00
PARF Eligibility Expiry Date :	21 Apr 2019
COE No. :	2009050101000512H
COE Category :	A - Car (1600cc & below)
COE Expiry Date :	21 Apr 2019
Quota Premium (QP) :	\$7,090.00
QP Paid :	\$7,090.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$7,090.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

[Previous](#)
[OK](#)

Claim Handling

The premium on this policy has not been collected.

Accident MT/0994489

Policy No.	5091577771	Vehicle No.	SLX9647G	GST Registration No.			
Policyholder Name	ENTERPRISE CAR RENTAL PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201701215C		
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0		
Contact No.(Mobile)	93639889	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(%)	0	eCode Reason			
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Yes		
Accident Details			Time of Accident hh:mm	09:30	Accident Type	Side Swipe	
Report Date	15/05/2018 18:09	Orange Force		Country of Accident	Singapore	ICM No.	
Date of Accident	15/05/2018	Accident Location	CAIRNHILL RD TW05 GRANGE RD B4 EMERALD LINK				
Reporting Centre		Benefits					
Excess							
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	0.00		
Unnamed Driver Excess		Outside Singapore OD Excess	0.00				
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00				
GST Registered Information							
GST Registered	No	GST Registration Date		GST Status Verified	Yes		
GST Registration No.		Modification History					
Policyholder Mailing Address							
Address 1	103 DEFU LANE 10	Address 2	#01-05 FNA GROUP BUILDING	Address 3	SINGAPORE 539223		
Address 4		Address Type	Singapore address	Post Code	539223		
Unit No.	02-12	Related Policy Number	5091577771				
OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/11/1989		
Unnamed driver Name	GOH KIM NAM(WU JINNAM)	Driver NRIC	S8941120C	Driving Experience	9		
Register Date of Driver License	15/09/2008	Driver Age	28	Contact No.(Home)	0		
Contact No.(Mobile)	91519924	Contact No.(Office)	0	Address 3	SINGAPORE 530964		
Address 1	BLK 964	Address 2	HOUANG AVENUE 9	Post Code	530964		
Address 4		Address Type	Singapore address				
Unit No.	#10-656	Driver Vehicle No.		Driver Insurer Company			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ENTERPRISE CAR RENTAL PTE. L	Insured NRIC	201701215C
Contact No.(Mobile)	93639889	Contact No.(Home)		Contact No.(Office)	
Email Address	currenting101@gmail.com	O1 Vehicle Number	SLX9647G	TP Vehicle Number	SLG6630M
Claim Description	SLX9647G / SLG6630M ON 15 May 2018			Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Insured Liability *	Not at fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	15/05/2018 00:00
Date Registered	15/05/2018 18:14	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0994489	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/05/2018 00:00
Path *			
Choose File	No file chosen	Category *	
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

Choose File No file chosen
 Message Read

	Please Select	NO	Normal
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 15 May 2018 18:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:14	SAS	Normal	SAS 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:14	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:14	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:14	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:13	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:13	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:13	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:13	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:13	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:13	Photos	Normal	Photos 2018-5-15

Video List

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