

NATIONAL Assessment Centre Services

Date In: 15/05/18	Job description	Date & Time Completed:	Done by:
Ref No: NA/INC18008813/13	SAS e-filing		
Veh No: SJN35494	E-mail (within 8hrs, APT 2hrs)		
D.O.A: 14/05/18 1015	i-Motor Claim Form	MT/0994493-001	
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: (Tel:	Fax:
TP Particulars:	Veh No: KERB	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: \$0-100%]	
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:-	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

NA1803063

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
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) 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	\$0	

Invoice date: 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 17:32
Date Of Accident	14/05/2018 10:15
Exact Location Of Accident	CTE NEAR UPP CROSS ST TWDS AMK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3549Y
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97547573

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5083187969-01
Cover Note Number	

Driver

Name of Driver	PAN XINXUAN WENDY
NRIC No	S1824143I
Date Of Birth	27/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98528406
Fax Number	
Contact Number	
Email Address	WENDY.SINGAPORE.REALTOR@GMAIL.COM

Address	BLK 195 KIM KEAT AVE #03-328
Postcode	310195
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	COLLIDED INTO PROPERTY
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : AARON GENDER: : MALE
Passenger 2	NAME: : LI SIN GENDER: : FEMALE
Passenger 3	NAME: : EDDIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180514/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

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:

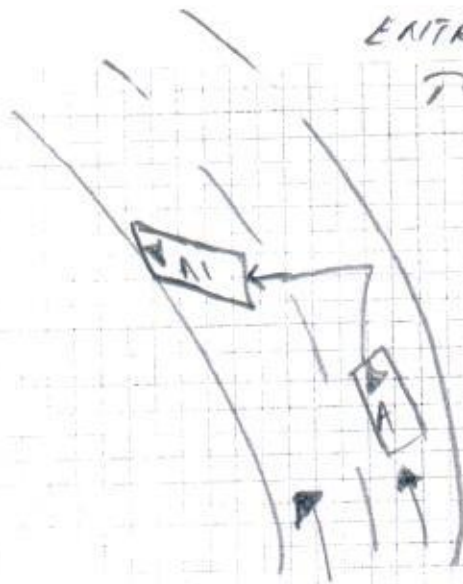
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A- SIN35494

ENTRANCE OF CTE TUNNEL
TOWARDS ANG MO KIO




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


P/s refer to the police report: T/20180514/2115

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:

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



**SINGAPORE
POLICE FORCE**



T/20180514/2115

1 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180514/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 15:21		Vide Report No.: A/20180514/0059		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: PAN XINXUAN WENDY			Address: APT BLK 195 KIM KEAT AVENUE #03-328 SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S1824143I			Contact No.: Home/Office: Mobile: 98528406		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 27/08/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2018 10:15	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY CTE, near upp cross street towards AMK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3549Y	Car				Seriously Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180514/2115

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180514/2115

CONTINUATION OF REPORT

Driver			
Name	PAN XINXUAN WENDY	ID No.	S1824143I
Related Vehicle	SJN3549Y (Car)	Contact No.	98528406
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2018 at around 1015hrs, I was entering CTE via upp cross st towards Ang Mo Kio. While I was in the tunnel, there was a bend and I steered my steering wheel towards the bend direction.

I felt that my wheel was not very responsive to my steering wheel thus I turned more. After turning more, my car went out of control and when I hit the brake, my car skid and knocked into the road divider.

I am unsure about the injuries of the 3 passengers I had at that time. I am not injured as of now however I will go and see a doctor if I feel unwell.



**SINGAPORE
POLICE FORCE**



T/20180514/2115

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20180514/2115

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:

E /

Sgt 1 CHUA ZHENG XUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/05/2018 15:21

Classification Of Case:

DATED THIS 7TH DAY OF SEPTEMBER 2008

=====

DEED POLL OF

PAN XINXUAN WENDY

=====

Ms Teh Ee-von

Infinitus Law Corporation
77 Robinson Road #16-00
Singapore 068896
Tel : 6221 2233
Fax : 6224 2607

Ref : EVT/misc/2008

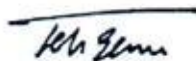
BY THIS DEED, I the undersigned **PAN XINXUAN WENDY** (NRIC No. S1824143/I) of Blk 38 Goldhill Avenue #09-42 Singapore 309021 do hereby absolutely renounce and abandon the use of my name **PHUA SOON HIANG** (NRIC No. S1824143/I) and in lieu thereof do resume as from the date hereof my name **PAN XINXUAN WENDY**.

And in pursuance of such change of name as aforesaid I hereby declare at all times hereafter in all records deeds and instruments in writing, and in all proceedings, and in all dealings and transactions and upon all occasions whatsoever from now on use and sign the said name of **PAN XINXUAN WENDY** only.


And I hereby authorise and request all persons from now on to designate described and address me by the name **PAN XINXUAN WENDY**.

IN WITNESS WHEREOF, I have hereunder signed my name and set my seal this 7th day of September 2006.

SIGNED SEALED and DELIVERED
the abovementioned **PAN XINXUAN WENDY**
in the presence of:



TEH EE-VON
Advocate & Solicitor
Singapore

On this 7th day of September 2006 before me **TEH EE-VON** an Advocate and Solicitor of the Supreme Court of the Republic of Singapore practising in Singapore personally appeared **PAN XINXUAN WENDY** who of my own personal knowledge I know to be the identical person whose name  is subscribed to the within written instrument and acknowledged that she had voluntarily executed this instrument at Singapore.

WITNESS my hand



TEH EE-VON
Advocate & Solicitor
Singapore

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S18241431



Name
PAN XINXUAN WENDY

潘 信 璇

Race
CHINESE

Date of birth Sex
27-08-1967 F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S18241431

Name
PHUA SOON HIANG

Birth Date 27 Aug 1967
Issue Date 18 Aug 2004



4011668



NRIC No. S18241431



Date of issue
16-02-2007

APT BLK 195 KIM KEAT AVENUE #03-328
SINGAPORE 310195

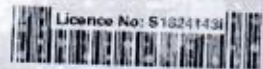
NRIC No. S18241431 Date: 27/11/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE
12 Aug 1993

NP 422A



Licence No: S18241431

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: 5083187969-01

Cover : Third Party

- | | |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN3549Y |
| Chassis Number | : NZT2603036935 |
| 2. Name of Policyholder | : KENT AUTO SERVICES |
| 3. Effective Date of Insurance | : 17 Aug 2017 |
| 4. Expiry Date of Insurance | : 16 Aug 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 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 : LOMEN INSURANCE AGENCY (00000591412)
Date of Issue : 07 Aug 2017 16:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

5/15/2018

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

Claim Handling

The premium on this policy has not been collected.

Accident MT/0994493

Policy No.	5083187969-01	Vehicle No.	SJN3549Y	GST Registration No.	
Policyholder Name	KENT AUTO SERVICES			Policyholder NRIC	52974332M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97547573	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	Yes
Accident Details					
Report Date	15/05/2018 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	14/05/2018	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE NEAR UPP CROSS ST TWDS AMK				
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	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5090798963-01		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/08/1967
Unnamed driver Name	PAN XINXUAN WENDY	Driver NRIC	S1824143I	Driving Experience	24
Register Date of Driver License	12/08/1993	Driver Age	50	Contact No.(Home)	0
Contact No.(Mobile)	98528406	Contact No.(Office)	0	Address 3	KIM KEAT VIEW
Address 1	BLK 195	Address 2	KIM KEAT AVENUE	Post Code	310195
Address 4	SINGAPORE 310195	Address Type	Singapore address		
Unit No.	#03-328				
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		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KENT AUTO SERVICES	Insured NRIC	52974332M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJN3549Y	TP Vehicle Number	
Claim Description	SJN3549Y ON 14 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	15/05/2018 18:26	Claim Close Date		Date Received	15/05/2018 00:00
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No.	MT/0994493	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/05/2018 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	
		Clear			

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&odOrTp=1&isWorkshop=®Check=1&taskInstanceId=190879401&taskId=501>

5/15/2018

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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Please Select NO Normal


















Clear Please Select NO Normal

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Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:24	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 18:24	SAS	Normal	SAS 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:23	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:22	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:22	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:22	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:22	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:22	Photos	Normal	Photos 2018-5-15
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