| | | 2 3 4 4 | 5.11 | |
|--|--|--|--------------------|--|
| NATIONAL Assessment Centre Servi | CCS (we' 1 Jan 05) | | | |
| · / / / - | scription - | Date & Time Completed | Done | by: |
| 1016 | e-filing | | | |
| | til (within 8hrs, AIC 2hrs) | | | |
| | tor Claim Form | MT/099876HO | 01 166 | 118 00- |
| I-Mor | tor W/O (Within: OD 2hrs | | 01 (0) | 1000 |
| OD / 11 (Reporting Only | to Uploaded | | | |
| Acces | sment/Survey Report | - | | |
| I F Insurer: | Report by Fax / Hand to | Owner/Wish | | |
| Preferred Wksp / INC Assign Wksp / QW: (| report by <u>Fire Fire</u> | Tel: Fa | ıvi | |
| | 834 INC(|)/Non-INC() | | |
| Owner/Driver: (| 834 . INC(| Tel: | | |
| Policy No: () Period: (| 3 | Cover Type: (| | |
| Confirmed by : (| Date: | Time: | | |
| | | 0%; P: 21-79%. F: 80-10 | 20%1 | |
| Year of Registration: () Warranty: | | <u> </u> | | |
| Excess: (\$) Loading: \$1,000() | | <u> </u> | | ************************************** |
| General Remarks;- | | abetaka da kalendara | TO THE | |
|) Walk-In Costomer: Customers information st | rictly Confidential & Str | ictly NO refer of repairer | 8467, I | SE 880 E 1100 |
| Total Loss Case : to e-mail Insurer URGE | | toty NO Islet of repeller. | | |
| Drive-In ()/ Towed-In (); Invoice: YES (| | | | |
| |)/ NO();1 | owing Co. (| |) |
| Remarks:- (INC horline: 6788 6616) | | Date&Time Completed | Done | by |
|) Apply for Transport Allowance () / Courtesy C | ar () | | | |
| 2) QC Check / Post Repair Inspection | () | | | |
|) Upload Resurvey Photo [Repair Cost > \$3000] | () | | | |
| Injury: | | | | |
| Date/Time Actions | | | President and | |
| avertine Actions | | NEW STATES OF STATES OF STATES | 888 4 (C. 140 to 1 | |
| | | | | |
| | | ··· | | |
| | | | | |
| | | | | |
| NA 1803733 | Invoice Pre | paration Checklist | Anit (S) | Aml (\$) |
| almant's Particulars :- | 1) AR : Acciden | | | 130.011 |
| | 2) DA : Damage 3) TF : Towing I | Assessment (\$100); INC (\$8 | 0) /\$45 | |
| iver/Owner: | 4) FT : Follow-T | hrough Survey | 3120 | |
| ntact No: | THE RESERVE AND THE PARTY OF TH | hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) | \$30 | |
| maged Portion: | 6) TR: Re-inspe 7) N1: Idao DA | | \$75 | |
| A . | 8) NTUC Additi | The second secon | | |
| Checked by (Engr-In-Charge): | OD* | / Car / Tpt Allowance | \$5 | |
| | *N6: Repair C | o-ordination | 310 | |
| nditors! Comments :- | *N7: Post Rep | mir Inspection | \$25 \$5 | |
| <u>L</u> | <u>TP(N11): TF</u> | (Non INC) against INC | \$20 | |
| 2 / 3: | 9) N12: Idne Mo Invoice dated | bile Pee Charged | 30 | hid on Ted |
| | Invoice dated | Fee Charged | BURNING THE | 111/11/11/11 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 | 14/06/2018 10:02 |
| Date Of Accident | 13/06/2018 10:30 |
| Exact Location Of Accident | JUNC OF RIVERVALLEY ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJU6166L |
| Insured/Policyholder | |
| Name Of Registered Owner | NEXUSADZ |
| Co Reg No | 53341483X |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96624008 |
| Alternative Phone No | OFFICE-96624008 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 5087568433-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ANDREW LAU WENG WAH |
| NRIC No | S1748000F |
| Date Of Birth | 27/04/1966 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/01/1990 |
| Driving Experience | 28 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96624008 |
| Fax Number | |

OTHERS-96624008

NOEMAIL

Address

900 DUNEARN ROAD

#02-09

Postcode

589473

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

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)

1

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

SHA7883Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

LOW CHENG KEE

NRIC/Passport Number

S0446637C

Contact Number

97853294

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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)
 - (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
- 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.
- 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.

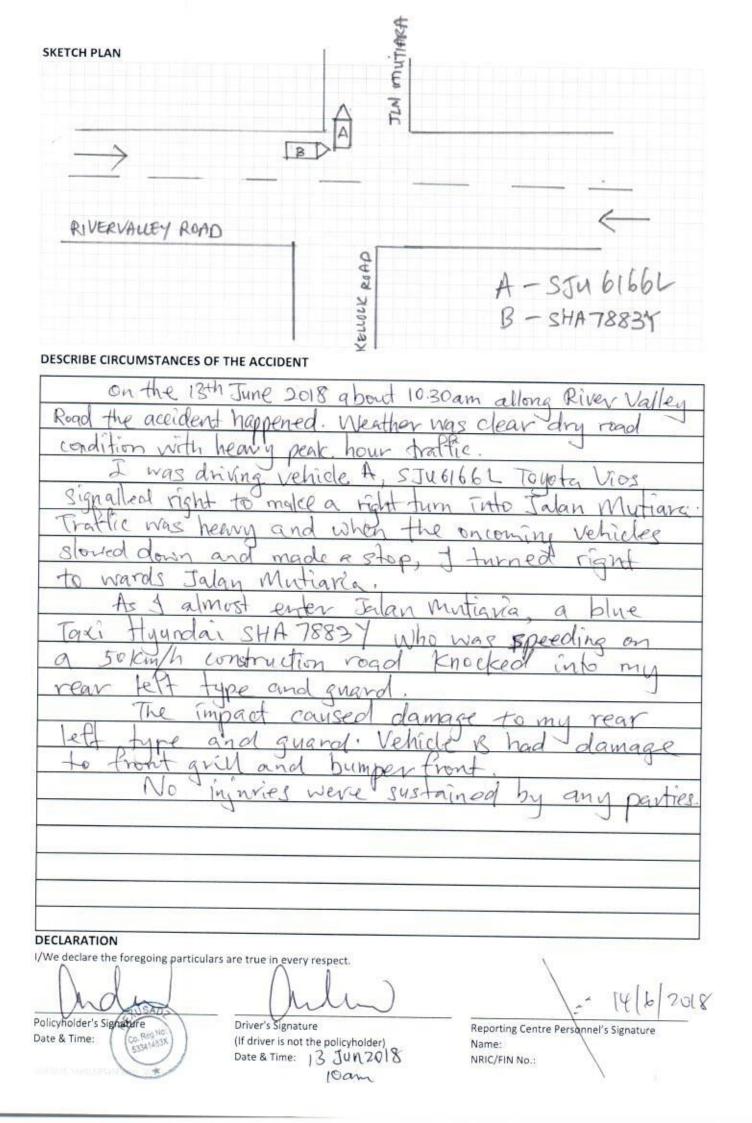
Policyholder's Signature Date & Time:

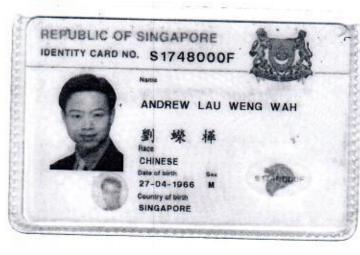
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signati Name:

NRIC/FIN No.:









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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 15 Jan 1990 of the driver; and other motor vehicles =< 2500kg

NP 428A





Certificate of Insurance

| MOTOR | VEHICLES (THIRD | PARTY RISKS | AND | COMPENS | ATION) | ACT (CHAPTI | ER 189) |
|---------|-----------------|-------------|-----|---------|--------|--------------------|---------|
| MOTOR | VEHICLES (THIRD | PARTY RISKS | AND | COMPENS | ATION) | RULES, 1960 | Ĕ |
| ROAD TH | RANSPORT ACT, 1 | 987 (MALAYS | (Al | | | | |
| | | | 121 | | | | |

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087568433-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJU6166L

Chassis Number

: MR053HY9305146021

2. Name of Policyholder

: NEXUSADZ

3. Effective Date of Insurance

: 19 Jan 2018

4. Expiry Date of Insurance

: 18 Jan 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) : SS2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS. : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO

PRIMARY DRIVER : ANDREW LAU WENG WAH

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : THIAM HENG AUTO (S) PTE LTD

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

: VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue Reprint

: 14 Dec 2017 13:51 hrs : 14 Dec 2017 13:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

| eBaoTech | | | No. of the last | | | St. | | | Gene | ralClaim |
|--|---------------------------|-------------|----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|---------------------|
| Hello, NAC_PAYA_UBI_80 My Desktop Notice of Loss | 0601 Policy | Query | | | | | Change La | inguage | · Change Passwo | THE PERSON NAMED IN |
| 100000 01 2033 | Policy No. Vehicle No. | (For Motor) | SJU6166L | | | Date of Acc | tident | 13/06 | 3/2018 10:30 | 1 |
| | | | | | | Search | | | | |
| | | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | € 508 | 7568433-01 | NEXUSADZ | 53341483X | GPC | drivo CLASSIC | SJU6166L | SJU6166L | 19/01/2018 | 18/01/2019 |

| Sequenc | Date of Endorsemen | t E | ndorsemen | t Type | Endorsement | Status | Endorsement Content |
|-----------------------------------|----------------------------|-------------------------|-----------|-------------------|----------------------|------------|------------------------------|
| Endorse | ements | | | | | | |
| D Insured | Object: SJU6166L | | | | | | |
| nit No. | 02-09 | Related Numbe | d Policy | 5087568433-01 | | | 1946777876 |
| ddress 4 | | Addres | s Type | Singapore address | | Post Code | 589473 |
| ddress 1 | 900 DUNEARN ROAD | Addres | s 2 | #02-09 THE BLOSS | OMVALE / | Address 3 | SINGAPORE 589473 |
| Policyh | older Mailing Address | | | | | | |
| Certificate nfo | | | | | | | |
| open Policy Info | | | | | | | |
| nsurance Tag | No | | | | | | |
| Co- | VV INSURANCE AGENCY PTE. I | .1 Agent Tel, | 67913808 | | GST Flag | Υ | |
| Agent | VV INCLIDANCE ACENCY DEC. | TP Excess | -3007 | | | Toun | g/mexpenence Driver Excess |
| Outside Singapore OD Excess | 2000 | Outside Singapore | 1500 | | | Voun | g/Inexperience Driver Excess |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | | Windscreen Excess | 100 | |
| Excess Type | | All Claim Excess | | | | | |
| Policy Issue Date | 14/12/2017 | Effective Date | 19/01/20 | 18 00:00 | Expiry Date | 18/01/2019 | 23:59 |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Address | 900 DUNEARN ROAD #02-09 | THE BLOSSOMV | ALE SINGA | PORE 589473 | 900000 | | |
| | 5087568433-01 | Policyholder Name | NEXUSAD | Z | Policyholder NRIC | 53341483X | |

Claim Handling

| Policy No. | 5087568433-01 | Vehicle No. | SJU6166L | CET B | |
|---------------------------------|--|--|---|------------------------------------|---------|
| Policyholder Name | NEXUSADZ | | 33001000 | GST Registration No. | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Policyholder NRIC | 1 |
| Contact No.(Mobile) | 96624008 | Contact No.(Office) | 0 | Loading | 0 |
| Email Address | | Special Remark | U . | Contact No.(Home) | 0 |
| KFK | * No Yes | TCA | ● No ○ Yes | eCode | 1 |
| NCD Protection | No | NCD Entitlement(%) | 0 | eCode Reason | |
| | | | | Private Hire | Y |
| Report Date | 16/06/2018 09:15 | Accident Report Within 24 hrs | Yes | | |
| Date of Accident | 13/06/2018 | Time of Accident hh:mm | | Accident Type | C |
| Reporting Centre | | Orange Force | 10:30 | Country of Accident | s |
| Accident Location | JUNC OF RIVERVALLEY ROAD | Grange Porce | | ICM No. | |
| ⇒ Benefits | | | | | |
| ♥ Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 1.2 | | |
| Unnamed Driver Excess | 2,000.00 | | 0 | Windscreen Excess | 10 |
| Third Party Excess | 1,500.00 | Outside Singapore DD Excess | 2,000.00 | | |
| GST Registered Inform | | Outside Singapore TP Excess | 1,500.00 | | |
| GST Registered | No | | 600 | | |
| GST Registration No. | 372 | | GST Registration Date | | |
| Modification History | | | GST Status Verified | Yes | |
| | | | | | |
| Policyholder Mailing Ac | ldress | | | | |
| Address 1 | 900 DUNEARN ROAD | Address 2 | | 25.00000300000 | |
| Address 4 | S MANUSCROTTON CONTRACTOR | Address Type | #02-09 THE BLOSSOMVALE | Address 3 Post Code | SI |
| Unit No. | 02-09 | Related Policy Number | | | 58 |
| ♥ OI Driver Info | 400000 | Related Policy Number | 5087568433-01 | | |
| Driver Name | ANDREW LAU WENG WAH | Driver Type | 7.4.1.2.1.4.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1 | | |
| Unnamed driver Name | SECURE OF STATE OF ST | Driver NRIC | Main Driver | | |
| Register Date of Driver License | 15/01/1990 | Driver Age | 51748000F | Driver DOB | 27 |
| Contact No.(Mobile) | 96624008 | | 52 | Driving Experience | 28 |
| Address 1 | 900 DUNEARN ROAD | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 4 | 300 DUNCHANN KOMD | Address 2 | | Address 3 | |
| Unit No. | #02-09 | Address Type | Singapore address | Post Code | 589 |
| Does he own a Singapore | | | | | |
| Registered car? | Yes + No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test | W-7-107 | | | | |
| Reading? | 0 mg | Any injury? | Yes No | | |
| | | | | | |
| Indification History | | | | | |
| L | 6 | | | | |
| Claim 001 OD-MX New | | | | | |
| | | | | | |
| Claim Type * | OD-MX • | Insured Name | NEW CASE | | Printer |
| Contact No.(Mobile) | 96624008 | Contact No.(Home) | NEXUSADZ | Insured NRIC | 533 |
| mail Address | | | ewered. | Contact No.(Office) | NIL |
| laim Description | 5JU6166L / SHA7883Y ON 13 Jun 2018 | A CONTROL STATE OF THE PARTY OF | SJU6166L | TP Vehicle Number | SHA |
| referred Workshop Contact | 5.555.57 5.11.7005.1 5.11.25.15 | | | Name of Preferred Workshop | |
| equire Finalisation | 200 | Insured Liability • | Not at Fault ▼ | | |
| ALCONOMIC DESCRIPTION | Yes • | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Rec |
| same Liberary | 16/06/2018 09:22 | Claim Close Date | | Date Received | 16/0 |
| | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | 7 900 |
| Print AK letter | | | | Section Course Description Courses | |
| | | | | | |
| | | | A | | |
| | | [3 | Save Submit | | |
| Attachment | | LS | Submit | | |

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

Accident No.

MT/0998761

Claim No.

Last Doc. Received

* Yes No

Upload Date

16/06/2018 09:20

Path *

| | Category • | | Confid | ential | Urgency | |
|-------|---------------|-----|--------|--------|---------|----|
| Clear | Please Select | 3.T | NO | * | Normal | - |
| Clear | Please Select | | NO | * | Normal | - |
| Clear | Please Select | * | NO | 7 | Normal | - |
| Clear | Please Select | | NO | * | Normal | = |
| Clear | Please Select | 1.7 | NO | ٠ | Normal | - |
| Clear | Please Select | 7 | NO | • | Normal | =, |

| Choose File | No file chosen |
|--------------|----------------|
| Chaose File | No file chosen |
| Choose File | No file chosen |
| Choose File | No file chosen |
| Choose File | No file chosen |
| Message Read | 1 |

Choose File No file chosen

| (6) | NAC_BUKIT_MERAH_BI UK NAC_BUKIT_MERAH_BI UK: NAC_BUKIT_MERAH_BI | Uploaded By/Date 00676(NATIONAL ASSESSMENT CENTRE SERVICES (B IT MERAH)) on 16 Jun 2018 09:22 10676(NATIONAL ASSESSMENT CENTRE SERVICES (B IT MERAH)) on 16 Jun 2018 09:21 00676(NATIONAL ASSESSMENT CENTRE SERVICES (B IT MERAH)) on 16 Jun 2018 09:20 | Category NRIC/ Driving License SAS | 9 | Urgency | Descr NRIC/ Driving Lie |
|--|---|---|------------------------------------|---|---------|----------------------------|
| *** | NAC_BUKIT_MERAH_BI UK NAC_BUKIT_MERAH_BI UK: NAC_BUKIT_MERAH_BI | 10676(NATIONAL ASSESSMENT CENTRE SERVICES (B T MERAH)) on 16 Jun 2018 09:21 | | • | Normal | NRIC/ Driving Lic |
| | NAC_BUKIT_MERAH_8(UKI NAC_BUKIT_MERAH_8(| 0676(NATIONAL ASSESSMENT CENTRE SERVICES OF | SAS | | | AKICY Driving Do |
| | NAC_BUKIT_MERAH_80 UKI | 0676(NATIONAL ASSESSMENT CENTRE CERTIFICA | | | Normal | C10 101 |
| 200 | NAC_BUKIT_MERAH_80 | | Photos | | Normal | SAS 201 Photos 20 |
| | UKI | 0676(NATIONAL ASSESSMENT CENTRE SERVICES (B T MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20 |
| | NAC_BUKIT_MERAH_80 UKI | 0676(NATIONAL ASSESSMENT CENTRE SERVICES (B f MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20 |
| | NAC_BUKIT_MERAH_80 UKI | 0676(NATIONAL ASSESSMENT CENTRE SERVICES (B f MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20: |
| | AC_BUKIT_MERAH_80 UKI | 0676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20: |
| NP. | AC_BUKIT_MERAH_800 UKIT | 1676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20: |
| ⊘ N | AC_BUKIT_MERAH_800 UKIT | 676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20: |
| N. | AC_BUKIT_MERAH_800 UKIT | 676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20 |
| ALC: NO. | AC_BUKIT_MERAH_800 UKIT | 676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20 |
| 1 7530 | NC_BUKIT_MERAH_800 UKIT | 676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:20 | Photos | | Normal | Photos 20: |
| | C_BUKIT_MERAH_800 UKIT | 676(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:19 | Photos | | Normal | Photos 20; |
| - A | UKII | (76(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:19 | Photos | | Normal | Photos 20: |
| N. Control | JKII . | 76(NATIONAL ASSESSMENT CENTRE SERVICES (B MERAH)) on 16 Jun 2018 09:19 | Photos | | Normal | Photos 20: |
| | ORIT | 76(NATIONAL ASSESSMENT CENTRE SERVICES (B IERAH)) on 16 Jun 2018 09:19 | Photos | | Normal | Photos 20 |
| The same of the sa | OKIT | 76(NATIONAL ASSESSMENT CENTRE SERVICES (B IERAH)) on 16 Jun 2018 09:19 | Photos | | Normal | Photos 20 |
| Video List | _BUKIT_MERAH_8006 UKIT N | PG(NATIONAL ASSESSMENT CENTRE SERVICES (B ERAH)) on 16 Jun 2018 09:19 | Photos | | Normal | Photos 20: |
| Uploa | ided By/Date | Folder Date | File Name | | 9 | Source |

Display in New Window Scan and uploading