NATIONAL Assessment Centre .	Services -	i i Jan'osi			m 1	
Date In: 06 06 7019 15:08	Job description		Date & Pime Comp	eted	Done by	
REINO: NBA/INC 19009975/104	SAS e-filing					
Veh No SKZ 7928K	E-mail (whom 8hr	s, AIC 2lus;				:
DOA: 04/06/2019 18:10	i-Motor Claim	Form :	MT/104	1928-01	01 7	6 1910
	i-Mator W/O (Vithin: OD 2hra	'I'P 4lirs)			
OD : TP / Reporting Only	i-Photo Upload	ed				
TOL	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by	Fax/Hand t	Owner/Wksp			-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: S	GW 232T	INC ()/Non-INC()		
Owner / Driver: (T'el:			
Policy No: () Perio	od: (Cover Type: (- '	
Confirmed by : (ata Est Compa (Mr.	Date:	7ime: 0%; P: 21-79%.	F: 80-100%1		
	ote-Est. Status (W)/NO(V90; P: 21-79 Vii.	1. 30-1:0070]		
		7/10/				
	- 025 140 kar 180 sala	(\$ 14.4 Stab 13.14)	WHENDUNGE.	1 1 1 1 1	-	
Ceneral Remarks: () Walk-In Customer's information (Customer's Information)	mation strictly Con	Idential & S	trictly NO rafer of re	pairer.	1000 E	
() Total Loss Case : to e-mail Insure						
Drive-In ()/ Towesi-In (); Invoice:	The state of the s	0();	Towing Co: ()
	Sample of the second se	\$25199H682529	Date&Time Com	ALEXANDE COM	Donely	V
Remarks: (INC horline: 6788 6616)		PERMITTEE	Dates Tune Com	ote: otro-		
	ourtesy Car (
2) QC Check / Post Repair Inspection	0001					
3) Upload Resurvey Photo [Repair Cost > \$3	000) (/		De la companya de la			
Injury:		-11111				
Date/Time Actions				Komi office is a	10.12.1	<u> </u>
7/417 FORAET TO PRINT E-BOD.	5					
	<u> </u>					
Man M.	1002	T Visco P	reparation Checkl	Sec. 253	Ant (\$)	Amil (\$)
NAI904	(095	I) AR : Assid	Charles of the contract of the contract of	MANAGE TO SERVICE	vani Bills	Nod.13111
Claimant's Particulars:-		2) DA ; Dumo	ge Assosament (\$100);	INC (\$80) \$40/\$45		
Driver/Owner:	40%	3) TF : Towin 4) FT : Fallow	v.Through Survey	\$120		
Contact No:		5) FT : Follow	r-Through Survey (Resur ig against INC Only (wel	vey) \$30 10 Jan 2095)		
		6) TR : Re-in	spection	575 \$160		
Damaged Portion:	- ;		A + SMRT Survey dillonal Servines:			
QC Checked by (Engr-In-Charge):		OIL	leay Cor / Tpt Allowance			
		* N6; Reps	ir Co-ordination Repair Inspection	510		
Additions Comments :-		*N8: DV	Collect Excess Coolding	ion \$	5	
Cal, Li		2.P (N11) 9) N12: Idio	TP (Non INC) against li Mobile	VC \$20	01	
Cnt. 2/3.		Invoice date	ī ī	en Charged		A PACE AND
[/ ['d		1		as Charged		11111 15

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 witholding 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. 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.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
William of the same of the sam	ACCIDENT STATEMENT
Date Of Report	06/06/2019 15:08
Date Of Accident	04/06/2019 18:10
Exact Location Of Accident	JUNC OF TAN TOCK SENG LINK
Country/State of Loss	SINGAPORE
Name of the Control o	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ7928K
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-94508445

Vehicle Particulars

TOYOTA Manufacturer

Model

Exact Purpose for which vehicle was being used at WORK

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

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

NO

Policy Number

5083195710-02

Cover Note Number

Driver

Name of Driver CHEOK PENG YAM

NRIC No S7835633B Date Of Birth 06/12/1978 Occupation OUTDOOR Date Of Driving Pass 17/12/1998

Driving Experience 20 YEARS AND 5 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-97665724

Fax Number

OTHERS-97665724 Contact Number

EMail Address NOEMAIL Address

BLK 417 ANG MO KIO AVENUE 10

#04-1031

Postcode

560417

... ...

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 (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?
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

SGW232T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

S8523640G

Contact Number

85882277

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

Policyhold 8 8 Sphature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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.:

Transaction ref 20190321131453780943

Please check that the owner and vehicle details are correct:

1.	Name	: KARZ-TA LEASING
2.	Identification No. Type	: Business
3.	Identification No.	: 53318368E
4.	Country/Region	¥-
5.	Vehicle Registration No.	: SKZ7928K
6.	Previous Vehicle Registration No.	·-
7.	Effective Date of Ownership	: 21 Mar 2019
8.	Original Registration Date	: 15 Feb 2006
9.	First Registration Date	: 15 Feb 2006
10.	Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	1-
14.	Attachment 3	1-
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: COROLLA 1.6
17.	Year of Manufacture	: 2006
18.	Primary Colour	: Silver
19.	Secondary Colour	ž-
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No. *	: MR053ZEC107112809 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: 3ZZ4544353 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
25.	Maximum Power Output(kW/bhp)	: 81.0 / 108
26.	Unladen Weight(kg)	: 1115
27.	Maximum Laden Weight(kg)	: 1600
28.	Open Market Value	: \$16,950.00
29.	PARF Eligibility	: Forfeited
30.	PARF Eligibility Expiry Date	5=
31.	Minimum PARF Benefit	: \$0.00
32.	No. of Transfers	: 4

Reportedon 6/6/20Nig @ 1345HRS.

ACCIDENT STATEMENT

AC	CCIDENT DATE: 04,06,2019 (DD/MM/YYY), TIME: (18:10)(HH:MM)
VIV.	
LO	OCATION: Jan Tock Seny Link.
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SKZ 7928 K
	b)INSURANCE COMPANY: NTUC.
	C)POLICY NUMBER: 5083195710-02
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: Toyota Altis
	()TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
4.	g) VEHICLE CATEGORY: (PRIVATE & COMMERCIAD / MOTORCYCLE)
	NJPURPOSE OF USING AT ACCIDENT TIME: HIVE
	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)
	IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER A) NAME: Karzta Leasing (MANE / FEMALE)
	(MACE) TEMALE
	P/I my /a Common
100	CH-
	* CONTINUE TO 2 d IS DRIVED ALSO DOLLARS
tho of passenge	3. DRIVER
Chal di al	DINAME: CHEOK PENG YAM
Claduding drive	b) NRIC/FIN/PASSPORT: \$78386334 CONTACT: 9766 5724
(1)	CLADDRESS: BIK 417 Ang Molcro Ave 10 HO4-1051
	5(560417)
· 9	*d) DATE OF BIRTH: (06) 12/ 1978) (DD/MM/YYYY)
	e)OCCUPATION: (INDOOR /QUIDOOR)
	FIDATE OF DRIVING PASS 17/12/1998
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver
	blecap super Condition; (CLEAR) RAINING / OTHERS Clear
6	b)ROAD SURFACE: (DRY / WET / OTHERS
7.	a) REPORTED TO POLICE (YES (NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE
le of passenger	a) VEHICLE NUMBED SG W 737 T
including driver	b) DRIVER'S NAME:
()	C) NRIC/FIN/PASSPORT: SSST436 404 CONTACT: SCS-87277
9.	THIRD PARTY VEHICLE
uo of passenger	d) VEHICLE NUMBER:MODEL:
neluding driver	e) DRIVER'S NAME:
country armer) f) NRIC/FIN/PASSPORT:CONTACT::
(_)	
	· V email = Karzta leasing @ganail Com
	, Mindo

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7835633B



CHEOK PENG YAM

To Race CHINESE

Date of birth 06-12-1978 Country of birth

SINGAPORE

FOR LYNING SEE ONLY



4328857



Date of Issue

24-12-2008

FOT LYNINAC USE ORIN APT BLK 417 ANG MO KIO AVENUE 10 #04-1031 SINGAPORE 560417

BIC No: S7835633B

Date: 07/05/2014

TOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B Motorcycles not exceeding 200 cc Class 2A Motorcycles between 201 cc and 400 cc Motor cars and Motor Tractors the weight

29 Nov 1999 17 Dec 1998

unladen does not exceed 2500 kg

S7835633B

NP 428A

S/No. 9000014215

FOY LYN NACOS

Policy No.	5083195710-02	Policyholder Name	KARZ-TA	LEASING	Policyholder NRIC	53318368E	
Certificate No.							
Address	317 OUTRAM ROAD #81-03 CO	NCORDE SHOP	PPING CEN	TRE SINGAPORE 16907	5		
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date excess Type	23/07/2018	Effective Date All Claims	18/08/20	18 00:00	Expiry Date	17/08/2019	23:59
Third Party		Excess			CANADA CO ADMINISTRACIO		
xcess	1000	damage Excess	0		Windscreen Excess	0	
idditional excess Outside Singapore	0	OS Premium Outside Singapore	242.21			You	ng/Inexperience Driver Excess
DD Excess		TP Excess				100	ng/mexperience brixer Excess
\gent	COWELL INSURANCE (AGENCY) Agent Tel.	6339259	2	GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info	No						
Policyh	older Mailing Address						
Address 1	317 OUTRAM ROAD	Addre	rss 2	#B1-03 CONCORDE	SHOPPING	Address 3	SINGAPORE 169075
Address 4		Addre	ss Type	Singapore address		Post Code	169075
Jnit No.	B1-03	Relate	ed Policy er	5083195710-02			
D Insure	d Object: SKZ7928K						
D Endors	ements						
Sequen	ce Date of Endorsement	Endorseme	nt Type	Endorsement Number	r Endorse	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. S1P2883C 18-08-2018 \$1,276.94 In view of this
1	18/08/2018 00:00	Basic Information Endorsement		000001286871504	Endorsement Take Effective		amendment, an additional premium of \$1,276.94 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2 %	18/08/2018 00:00 Basic Information Endorsement			000001286871761	Endorsement Take Effective		Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJJ1538M 18-08-2018 \$1,276.94 [In view of this amendment, a refund of \$1,276.94 (inclusive of GST) will be adjusted against the outstanding premium.
	18/08/2018 00:00 Basic Information Endorsement					Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(: has/have been deleted from this	

Preferred

Regulard Phalisation Yes

Date Registered

Report Taken By

Print AK letter Modification History Preferred Insured Partially Workshop, Light at Fault Name report

report

Preferered

Name

unknown

Repair

Option

6/26/2019 Claim Handling (Claim MT/1047928 / Claim 001 OD-MX) Claim Handling · Task Transfer · Exit Accident MT/1047928 LOS SAL SUB 5083195710-02 Vehicle No. SKZ7928K GST Registration No. Certificate No. Policyholder Name KARZ-TA LEASING Policyholder NRIC 53318368E Product Code FLEET INSURANCE Cover Type Third Party Loading 0 Contact No.(Mobile) 94508445 Contact No.(Office) 0 Contact No.(Home) Ð Email Address Special Remark eCode No ▼ . No Yes TCA · No Yes eCode Reason NCD Protection No NCD Entitlement(%) Private Hire Yes Accident Details Accident Report Within Report Date 07/06/2019 10:28 Yes Accident Type Collision - Head to Rear Date of Accident 04/06/2019 Time of Accident hh:mm 18:10 Country of Accident Singapore Reporting Centre NATIONAL ASSESSMENT CENTR Orange Force No ICM No. Accident Location JUNC OF TAN TOCK SENG LINK ₹ Excess Own damage Excess 0.00 Additional Excess D Windscreen Excess 0.00 Outside Singapore OD Unnamed Driver Excess 0.00 Excess Outside Singapore TP Third Party Excess 1.000.00 1,000.00 Excess **▽** Benefits ♥ GST Registered Information GST Registered No GST Registration Date **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 317 OUTRAM ROAD Address 2 #B1-03 CONCORDE SHOPPING Address 3 SINGAPORE 169075 Address Type Singapore address Post Code 169075 B1-03 Related Policy Number 5083195710-02 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name CHECK PENG YAM Driver NRIC S7835633B Driver DOB 06/12/1978 Register Date of Driver 17/12/1998 Driver Age 40 Driving Experience 20 Contact No.(Mobile) 97665724 Contact No.(Office) Contact No.(Home) Address 1 BLK 417.# Address 2 ANG MO KIO AVENUE 10 Address 3 TECK GHEE HEARTLANDS Address 4 SINGAPORE 560417 Address Type Singapore address Post Code 560417 Unit No. Does he own a Singapore Registered Yes . No Driver Vehicle No. Driver Insurer Company **▽** Declaration Breathalyser or Blood 0 mg Any injury? Yes No Test Reading? Modification History ▼ Investigation Claim 001 OD-MX New Claim Case Officer Claim Type OD-MX Insured Name KARZ-TA LEASING Insured NRIC 53318 Contact No.(Mobile) 83223232 Contact No.(Home) Contact No.(Office) NIL Email Address OI Vehicle Number SKZ7928K TP Vehicle Number SGW2 Claim Description Name of Preferred SKZ7928K / SGW232T ON 4 Jun 2019 Workshop

Claim Close Date

Workshop Repairer

07/06/2019 13:06

KRISHNASAMY

07/06/

Date Received

Total Loss but

Repaired

Special Claim Creation Approval Approval Reason Remarks Attachment 7 Accident No. MT/1047928 Claim No. Last Doc. Received ● Yes □ No Upload Date 07/06/2019 10:30 Path * Category * Confidential Urgency * Choose File No file chosen Clear Please Select NO * Normal ٠ Choose File No file chosen Clear Please Select Y NO ▼ Normal Choose File No file chosen Clear Please Select NO * Normal Choose File No file chosen Clear Please Select 7 NO ▼ Normal Choose File No file chosen Clear Please Select * NO Normal Choose File No file chosen ▼ NO Clear Please Select Normal Message Read Attachment List Attachment Uploaded By/Date Category Urgency Description NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE NRIC/ Driving License SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:38 Normal NRIC/ Driving License 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:37 SAS Normal SAS 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:37 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE Photos SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:37 Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:37 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:36 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:36 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:36 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:36 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:36 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:36 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:35 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:35 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:35 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:35 Photos Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:35 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2019 10:35 Photos Normal Photos 2019-6-7 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE Photos Normal Photos 2019-6-7