

NATIONAL Assessment Centre Services [ver 1 Jan09]

Date In: 07/06/2019 13:26	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19010045/14	SAS e-filing		
Veh No: SML1955X	E-mail (within Hrs. A/C 2hrs)		
D.O.A: 06/06/2019 12:05	i-Motor Claim Form	MT/1048095-001	8/6/19 1030
OD: TP / 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/Wksj		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SGG 272L 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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idem DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	( )		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	* N11: TP (Non INC) against INC \$20		
	* N12: Idem Mobile \$0		
	Invoice dated	Pen Charged	
	Excess 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 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.
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	07/06/2019 13:26
Date Of Accident	06/06/2019 12:05
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1955X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWOK PENG CHUEN
NRIC No	S1334726C
Email Address	JX_JUNXIANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97936183
Alternative Phone No	OTHERS-97936183

### Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109436049
Cover Note Number	

### Driver

Name of Driver	KWOK JUN XIANG
NRIC No	S9127826Z
Date Of Birth	11/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/05/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96203540
Fax Number	
Contact Number	OTHERS-96203540
EEmail Address	JX_JUNXIANG@HOTMAIL.COM

Address	BLK 143 MEI LING STREET #13-151
Postcode	140143
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
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	SGG272L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR LIM
NRIC/Passport Number	
Contact Number	92200443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

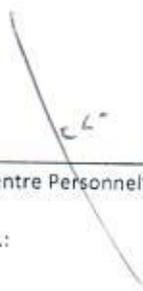
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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) 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:

 7/6/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Alexandra  
D.R

Queenstown  
Secondary  
School



A - SML 1955 X  
B - SGG 272L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 12:05pm on the 5th of June, while doing a right turn a BMW carplate SGG 272L hit my rear. on the exterior there is paint chip & scratches.

Location accident happen: Alexandra Road turning to Tiang Bahin road toward redhill mrt station.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

9 +

(Bubit Merah)

Reported on 6/6/2019

Father owner/IC:  
Sone Driver

@ 1005 AM

### ACCIDENT STATEMENT

ACCIDENT DATE: (06/06/2019) (DD/MM/YYYY), TIME: (12:05) (HH:MM)

LOCATION: Alexandra Road

#### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMZ 1955X
- b) INSURANCE COMPANY: \_\_\_\_\_
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: \_\_\_\_\_
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

#### 2. INSURED / POLICY HOLDER

- A) NAME: Kwok Peng Chera (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S13347262 CONTACT: 97936183
- C) ADDRESS: Melias Street BIK 143 #13-151

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Kwok Jun Xing (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S91348262 CONTACT: 96203540
- c) ADDRESS: Melias Street BIK 143 #13-151

\* d) DATE OF BIRTH: (11/08/1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: 2009 2010 Apr

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear  
b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

#### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG6 272L MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: MRLIM
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92200443

#### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(Including driver)  
(1)

No of passenger  
(Including driver)  
( )

No of passenger  
(Including driver)  
( )

Driver call  
and inform  
at 0905 AM  
on 7/6/19  
OK

Reporting  
only  
OK

Son Driver

616203540  
Driver call  
and inform  
at 0905 AM  
on 7/6/19  
OK  
96203540  
X (TP) as put

email = Jx-Jun Xing@hotmail.com

VIDEO

Liberty STAC

Waiting for Certificate?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9127826Z



Name

KWOK JUN XIANG

郭俊祥

Race

CHINESE

Date of birth

11-08-1991

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9127826Z

Name

KWOK JUN XIANG

Birth Date: 11 Aug 1991

Issue Date: 04 May 2010



001853479H



3919462



NRIC No. S9127826Z

Date of issue

16-08-2006

Address

APT BLK 143 MEI LING STREET  
#13-161  
SINGAPORE 140143

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

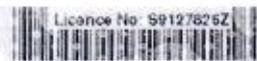
Class	Description	Pass Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	18 Apr 2010
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	04 May 2010

18 Apr 2010

04 May 2010

S9127826Z

S / No 9000261384



Licence No: S9127826Z

NP 425A

Hello, NAC\_BUKIT\_MERAM\_800676

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident   
 Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109436049		KWOK PENG CHUEN	S1334726C	GPC	drive CLASSIC	SML1955X	SML1955X	09/05/2019	08/05/2020

Policy Information

Policy No.	5109436049	Policyholder Name	KWOK PENG CHUEN	Policyholder NRIC	S1334726C
Certificate No.					
Address	BLK 143 #13-151 MEI LING STREET SINGAPORE 140143				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/05/2019	Effective Date	09/05/2019 00:00	Expiry Date	08/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 143 #13-151	Address 2	MEI LING STREET	Address 3	SINGAPORE 140143
Address 4		Address Type	Singapore address	Post Code	140143
Unit No.		Related Policy Number	5109436049		

Insured Object: SML1955X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	09/05/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 09 May 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: GK31346251 ENGINE NUMBER: L13B1455000 VEHICLE REGISTRATION NUMBER: SML1955X ORIGINAL REGISTRATION DATE: 09 May 2019

Continue Cancel

**Claim Handling**

**Accident MT/1048095**

Policy No.	5109436049	Vehicle No.	SML1955X	GST Registration No.
Certificate No.				
Policyholder Name	KWOK PENG CHUEN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97936183	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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

**Accident Details**

Report Date	08/06/2019 10:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/06/2019	Time of Accident hh:mm	12:05	Country of Accident
Reporting Centre		Orange force		ICM No.
Accident Location	ALEXANDRA ROAD			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	1,100.00	Total TP Excess Applicable	0.00	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 143 #13-151	Address 2	MEI LING STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5109436049	

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KWOK JUN XIANG	Driver NRIC	S9127826Z	Driver DOB
Register Date of Driver License	04/05/2010	Driver Age	27	Driving Experience
Contact No.(Mobile)	96203540	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 143 #	Address 2	MEI LING STREET	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

**Declaration**

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KWOK I
Contact No.(Mobile)	97936183	Contact No. (Home)	647350
Email Address		OI Vehicle Number	SML1955X
Claim Description	SML1955X / SGG272L ON 6 Jun 2019		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	08/06/2019 10:33	GIA report	Received
		Claim Close Date	

Report Taken By

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1048095 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 08/06/2019 10:30

Path \*

- Choose File No file chosen
- Message Read

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:32	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:31	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:31	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jun 2019 10:31	Photos	Normal	Photos

Video List

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