

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

MNA19138201

Date In: 18/10/19 12:44	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19018416/F	SAS e-filing		
Veh No: FBP1973C	E-mail (w/John 2hrs, AIC 2hrs)		
D.O.A: 15/10/19 17:40	I-Motor Claim Form	MT/1067ASS#00.1	18/10/19 14:15
OID: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 6730X	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%. P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time: _____

NA1907832	Invoice / Estimate / Claim / Receipt / Receipt
Client/Owner/Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2008)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	OR:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TE (NI) : TP (N-in INC) against INC \$30
	9) NI: Idao 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 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	18/10/2019 12:44
Date Of Accident	15/10/2019 17:40
Exact Location Of Accident	JUNCTION OF SEMBAWANG ROAD ALONG YISHUN AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1973C
Insured/Policyholder	
Name Of Registered Owner	AHMAD SYUKRI BIN KHALIL
NRIC No	S9434768H
Email Address	AHMADSYUKRIZ4@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92966954
Alternative Phone No	OFFICE-92966954

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107816996
Cover Note Number	

Driver

Name of Driver	AHMAD SYUKRI BIN KHALIL
NRIC No	S9434768H
Date Of Birth	24/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92966954
Fax Number	
Contact Number	OFFICE-92966954
EMail Address	AHMADSYUKRIZ4@GMAIL.COM

Address	BLK 492 ADMIRALTY LINK #03-185 SINGAPORE
Postcode	750492
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SHD6730X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AHMAD SYUKRI BIN KHALIL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP1973C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



SINGAPORE POLICE FORCE



T/20191017/2079

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191017/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2019 13:25	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: AHMAD SYUKRI BIN KHALIL	Address: APT BLK 492 ADMIRALTY LINK #03-185 SINGAPORE 750492	
ID Type / ID No.: NRIC NO / S9434768H	Contact No.: Home/Office:	Mobile: 92966954
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 25	Date of Birth: 24/09/1994
Type of Informant: Rider		
Race: Javanese	Language:	Institution / School Name:
Occupation: OTHERS	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/10/2019 17:40	Type of Location:
Location: Along Road 1 SEBRAWANG ROAD YISHUN AVENUE 5 JUNCTION OF SEBRAWANG ROAD ALONG YISHUN AVE 5				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1973C	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1973C	NTUC Income Insurance Co-Operative Limited	5107816996	26/02/2019	25/02/2020



**SINGAPORE
POLICE FORCE**



T/20191017/2079

2 of 3

Report No. T/20191017/2079

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD SYUKRI BIN KHALIL	ID No.	S9434768H
Related Vehicle	FBP1973C (Motorcycle)	Contact No.	92966954
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS RIDING ALONG THE FIRST LANE WHEN THE TAXI CUT INTO MY LANE AND I HIT THE TAXI.
AFTER WHICH I FELL DOWN.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20191017/2079

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191017/2079

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:
TP /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/10/2019 13:25

Classification Of Case:

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: 17/01/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

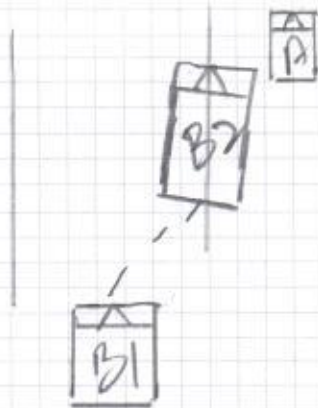
Name:

NRIC/FIN No.:

SKETCH PLAN

JUNCTION OF SIMPSON'S ROAD ALONG YISHUN AVENUE 5

Traffic light



VEH A: FBP 1973C
VEH B: SHD 6730X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
1/20/9/10/17/2019

DECLARATION

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

Policyholder's Signature

Date & Time: 17/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CHECK WITH HKL WHETHER THE BOOK COMES ALONG
THANK

ACCIDENT STATEMENT

ACCIDENT DATE: 15/10/2019 (DD/MM/YYYY) TIME: 17:40 (HH:MM)

LOCATION: JUNCTION OF SINGAPORE ROAD ALONG YISHUN AVENUE 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 1973 C
b) INSURANCE COMPANY: MUAC
c) POLICY NUMBER: 5107816996
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) MPV
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) PRIVATE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: AHMAD SYUKRI BIN KHAUL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9534768H CONTACT: 92966954
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) DRIVER

f) DATE OF DRIVING PASS _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____
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: SHD6730BX MODEL: TAXI
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ahmad syukri24@gmail.com
VIDEO

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/10/2019 15:31"/>
Vehicle No.(For Motor)	<input type="text" value="FBP1973C"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5107816996		AHMAD SYUKRI B KHALIL	S9434768H	GMC	Third Party, Fire & Theft	FBP1973C	FBP1973C	26/02/2019	25/02/2020

Claim Handling

Accident MT/1067455

Policy No.	5107816996	Vehicle No.	FBP1973C
Certificate No.			
Policyholder Name	AHMAD SYUKRI B KHALIL		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft
Contact No.(Mobile)	92966954	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	0

▼ Accident Details

Report Date	18/10/2019 14:22	Accident Report Within 24 hrs	Yes
Date of Accident	15/10/2019	Time of Accident hh:mm	17:40
Reporting Centre		Orange Force	
Accident Location	JUNCTION OF SEMBAWANG ROAD ALONG YISHUN AVE 5		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 492 #03-185	Address 2	ADMIRALTY LINK
Address 4		Address Type	Singapore address
Unit No.	03-185	Related Policy Number	5107816996

▼ OI Driver Info

Driver Name	AHMAD SYUKRI BIN KHALIL	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S9434768H
Register Date of Driver License	25/02/2015	Driver Age	25
Contact No.(Mobile)		Contact No.(Office)	
Address 1	BLK 492 #03-185	Address 2	ADMIRALTY LINK
Address 4		Address Type	Singapore address
Unit No.	03-185		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

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

New

Claim Type *

Contact No.(Mobile)

Email Address

OD-MX

92966954

Claim Description

FBP1973C / S

Preferred
Workshop
Contact No.
Finalisation

Yes

Insured Liability
Preferred
Repair
Option

Not at Fault

Preferred Workshop, Name unknown

GIA
report

Received

Date Registered

18/10/2019 1

Report Taken By

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1067455

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

18/10/2019 14:00

Path *

Cati

Choose File No file chosen

Clear

Please Select

Choose File No file chosen

Clear

Please Select

Choose File No file chosen

Clear

Please Select

Choose File No file chosen

Clear

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:31	SAS		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:31	NRIC/ Driving License	Y	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:31	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:31	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:31	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Oct 2019 14:29	Photos		Normal

10/18/2019

Claim Handling(accident reporting Claim Task)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2019 14:28

Photos

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2019 14:28

Photos

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2019 14:28

Photos

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2019 14:28

Photos

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2019 14:28

Photos

Normal

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Oct 2019 14:28

Photos

Normal

Video List

Uploaded By/Date

Folder Date

File Name

Display in New Window

Scan and uploading