



## 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	17/12/2019 19:20
Date Of Accident	23/02/2019 20:05
Exact Location Of Accident	SERANGOON AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5103S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH AH SOON
NRIC No	S0123126Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96529371
Alternative Phone No	OFFICE-96529371

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106670398
Cover Note Number	

### Driver

Name of Driver	SOH AH SOON
NRIC No	S0123126Z
Date Of Birth	12/04/1948
Occupation	INDOOR
Date Of Driving Pass	03/10/1983
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96529371
Fax Number	
Contact Number	OFFICE-96529371
Email Address	NOEMAIL

Address	3 NERAM ROAD
Postcode	807715
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190223/2156.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

**SKETCH PLAN**

Veh A: **SJM 5103 S**

Veh B: **NIL**

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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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature  
Date & Time:

17.12.2019

11.30 am

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

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

SKETCH PLAN

Veh A: SJM 5103S

Veh B: NIL

NIL Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20190223/2156

DECLARATION

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



Policyholder's Signature  
Date & Time:

17.12.2019

11.30am

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



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

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

\*Date of Accident: 23.2.2019  
\*Accident Location: Serangoon Ave 2

①

\*Time of Accident: 2005 HRS

### Vehicle Details

\*Vehicle Number: SJM 5103 S \* Make & Model: Nissan Latid 1.5 L

### Insured / Policyholder

\*Owner Name: Soh Ah Soon \*NRIC: S 0123126Z  
\*Address: 3 Noram Rd Singapore 807715  
\*Email: \_\_\_\_\_ \* HP: 9652 9371  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel /H /Other: \_\_\_\_\_

### Driver ( ) same as above

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: 1/5/1984 \* HP: \_\_\_\_\_  
\*Email: \_\_\_\_\_ \*Gender: Male / Female  
\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel /H /Other: \_\_\_\_\_  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder : \_\_\_\_\_)

### Passengers Details

\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)  
\* P/Name: \_\_\_\_\_ (Male/Female) \* P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: NTUC \*Coverage: C /TPFT / TPO \*Policy No: 5106670398

### Detail of other vehicle / Property 1

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

→ 31/10/1983

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: Collided Pedestrian  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_  
-I/Name: 1 Pedestrian \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



**SINGAPORE  
POLICE FORCE**



T/20190223/2156

1 of 3

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

Report No. T/20190223/2156

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2019 22:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SOH AH SOON		Address: 3 NERAM ROAD SELETAR HILLS ESTATE SINGAPORE 807715	
ID Type / ID No.: NRIC NO / S0123126Z		Contact No.: Home/Office:	Mobile: 96529371
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 12/04/1948	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RETIRED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 23/02/2019 20:05	Type of Location:
Location: Along Road 1 SERANGOON AVENUE 2  HEADING TOWARDS NEXT MALL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5103S	Car	NISSAN	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR	Grey	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM5103S	NTUC Income Insurance Co-Operative Limited	5106670398	07/01/2019	06/01/2020



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SOH AH SOON	ID No.	S0123126Z
Related Vehicle	SJM5103S (Car)	Contact No.	96529371
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	Unknown Pedestrian	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

AS STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING AT THE SAID LOCATION HEADING TOWARDS THE NEXT MALL, I WAS TURNING ON THE SLIP ROAD. WHEN I WAS CHECKING AT THE REAR MIRROR AND MY IN-CAR CAMERA, OUT OF A SUDDEN, I HEARD A BANG SOUND COMING FROM MY FRONT SIDE OF MY CAR. I WAS SHOCKED. I STOPPED MY CAR AND SAW A PEDASTIAN FALL DOWN ON THE ROAD. A PASSERBY CALLED AMBULANCE AND POLICE FOR HELP.



**SINGAPORE  
POLICE FORCE**



T/20190223/2156

3 of 3

Report No. T/20190223/2156

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

**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 /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/02/2019 22:15

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING  
Contact No.: 90020518 IC: Nooramee RA

Classification Of Case:

Authentication Stamp  
NP168

Hp: 6547 6236

Signature of Officer Recording Report

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.  
GST Reg No. M4-0003030-8

Policy Number	: 5106670398
The Policyholder	: SOH AH SOON 3 NERAM ROAD SELETAR HILLS ESTATE SINGAPORE 807715

Period of Insurance	: 07 Jan 2019 To 06 Jan 2020
Sum Insured	: Market Value of insured Vehicle less Residual COE/PARF Value at Time of Loss
Premium (inclusive GST)	: S\$772.72

#### Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1500cc
Primary Driver	: Soh Ah Soon	Registration Year	: 2009
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: No
Make/Model	: NISSAN/LATIO SEDAN	NCD Entitlement	: 50%
Registration Number	: SIM5103S	NCD Protection	: No
Chassis Number	: JN1BAAC11Z0020455	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

#### Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M3

Agency	: HU XINLIN (00000602619)
Date of Issue	: 27 Dec 2018 17:52 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC\_BUKIT\_MERAH\_800676

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

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"/>	S106670398		SOH AH SQDN	S0121126Z	GPC	drive CLASSIC	SJM51035	SJM51035	07/01/2019	06/01/2020

Policy Information					
Policy No.	5106670398	Policyholder Name	SOH AH SOON	Policyholder NRIC	S0123126Z
Certificate No.					
Address	3 NERAM ROAD SELETAR HILLS ESTATE SINGAPORE 807715				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/12/2018	Effective Date	07/01/2019 00:00	Expiry Date	06/01/2020 23:59
Third Party Excess	0	Own Damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore CD Excess	600	Outside Singapore TP Excess	0		
Agent	HU KINLN	Agent Tel.	92262978	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	3 NERAM ROAD	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 807715
Address 4		Address Type	Singapore address	Post Code	807715
Unit No.		Related Policy Number	5106670398		
Insured Object: SJMS1035					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
1	07/01/2019 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Jan 2019 To 06 Jan 2020	

Claim Handling

Accident MT/1076199

Policy No.	5106670398	Vehicle No.	SJMS1035	GST Registration No.	
Certificate No.					
Policyholder Name	SOH AH SOON			Policyholder NRIC	S0123126Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96529371	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	17/12/2019 19:19	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	23/02/2019	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SEKANGODN AVE 2				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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	3 NERAM ROAD	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 807715
Address 4		Address Type	Singapore address	Post Code	807715
Unit No.		Related Policy Number	5106670398		

Q1 Driver Info

Driver Name	Soh Ah Soon	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0123126Z	Driver DOB	12/04/1968
Register Date of Driver License	03/10/1983	Driver Age	70	Driving Experience	35
Contact No.(Mobile)	96529371	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	3 NERAM ROAD	Address 2	SELETAR HILLS ESTATE	Address 3	SINGAPORE 807715
Address 4		Address Type	Singapore address	Post Code	807715
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	SOH AH SOON	Insured NRIC	S0123126Z
Contact No.(Mobile)	96529371	Contact No.(Home)	64811814	Contact No.(Office)	
Email Address	sohas_99@yahoo.com	Q1 Vehicle Number	SJMS1035	TP Vehicle Number	
Claim Description	SJMS1035 QN 23 Feb 2019				
Preferred Workshop Finalist	Yes	Insured Liability	Fully at Fault	GIA report	Received
Date Registered		Claim Close Date	17/12/2019 19:31	Date Received	17/12/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076199	Claim No.	001
LMR Disc. Received	Yes No	Upload Date	17/12/2019 19:32
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read		Send Message	Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hqg Sent? (CC)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:32	NRC/ Driving License	Y	Normal	NR3C/ Driving License 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:32	SAS	Normal	Normal	SAS 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31	Photos	Normal	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31	Photos	Normal	Normal	Photos 2019-12-17	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31	Photos	Normal	Normal	Photos 2019-12-17	Edit

S (BUKIT MERAH) on 17 Dec 2019 19:31



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Dec 2019 19:31

Photos

Normal

Photos 2019-12-17

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Uploaded By/Date

Folder Date

File Name



Source

Action

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