

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MWA 4196 919168225-01

Date In: 23/12/19 11:40	Job description	Date & Time Completed	Done by
Ref No: NAI 11MC190 22455/49	SAS e-filing		
Veh No: SJQ 8769E	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 20/11/19 15:00	I-Motor Claims Form	MT/1072585-002	23/12/19 18:49
OID: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBD 7037D	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 repair.

( ) 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	Signature

NAI 1909588	Invoice
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) FT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: New DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance 33
	*N6: Repair Co-ordination 110
	*N7: Post Repair Inspection 225
	*N8: DV / Collect License Coordination 33
	TP (NI): TP (N+INC) against DNG 330
	9) N13: Idco Mobile 30
	Invoice dated
	Fee Charged
	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	23/12/2019 11:40
Date Of Accident	20/11/2019 15:00
Exact Location Of Accident	JUNC OF YIO CHU KANG RD & PHILIPS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8769E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG SAN HONG WEI PTE LTD
Co Reg No	1XXXXX987Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91091660

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5108547847
Cover Note Number	

### Driver

Name of Driver	KWOK KAM PHUI
NRIC No	SXXXX667Z
Date Of Birth	27/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1987
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84846080
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 262D COMPASSVALE ST #05-153
Postcode	544262
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	DRIZZLING
Road Surface	WET

#### 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?	
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	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191120/2181

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD7037D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

LONG SAN HONG WE 27F LT  
1002 BUKIT MERAH LANE 3 #11-12  
SINGAPORE 159715  
02216187

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.:

SKETCH PLAN

PHILIPS 1  
AVE

A - SJQ8769E  
B - FBD7037D

Y10 CHU KANG RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20191120/2181

DECLARATION

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

IONG SAN HONG WEI  
1002 BUKIT MERAH LANE  
SINGAPORE 159715  
983183

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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 4191 68225 Vehicle Registration No: SJQ 8769E  
Name (as shown in NRIC) : Hong San Hong wei <sup>PHOTO</sup> NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 9109 1660  
Email Address : \_\_\_\_\_  
Date of Accident : 20/11/19 Time of Accident : 15:00  
Place of Accident : Junc of Yio chu Kang Rd & philips Ave  
Insurance Company: NTUC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Accident Date to 20/11/19 instead  
of 20/12/19

Policyholder / Driver's Signature  
Date:

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



# SINGAPORE POLICE FORCE



T/20191120/2181

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20191120/2181

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2019 21:07		Vide Report No.: F/20191120/0089		Station Diary No.: 176	
<b>Informant's Particulars</b>					
Name of Informant: KWOK KAM PHUI			Address: APT BLK 262D COMPASSVALE STREET #05-153 SINGAPORE 544262		
ID Type / ID No.: NRIC NO / S1806667Z			Contact No.: Home/Office: Mobile: 84846080		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 27/02/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
Junction of Yio Chu Kang Rd and Philips Ave				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7037D	Motorcycle					0
SJQ8769E	Car					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20191120/2181

2 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20191120/2181

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	KWOK KAM PHUI		ID No.	S1806667Z
Related Vehicle	NIL		Contact No.	84846080
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.**

On 20/11/19 at around 1500hrs while I was heading to Killiney Rd for work from home, I had a head to rear collision with a motorcycle while we were both on the left most lane of the road. This happened along the junction between Yio Chu Kang Rd and Philips Ave. I wish to state that it was drizzling at that point of time and the road surface was wet.

The traffic light was turning amber and the motorcycle jammed brake out of a sudden and I collided with it. Subsequently, I went out of my car and we exchanged particulars and we were both not injured. The traffic police happened to be around and attended to our incident and also called for the ambulance. The motorcyclist was then conveyed to SKGH thereafter.

I also wish to state that I was driving within the speed limit of less than 50km per hour. I am making this report as instructed by the traffic police and I wish to inform that my SD card is being withheld by the traffic police.



**SINGAPORE  
POLICE FORCE**



T/20191120/2181

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3

Report No. T/20191120/2181

**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:  
E /  
Sgt 2 SEAH CHONG WEI, SEAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/11/2019 21:07

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:

SN 172

Authentication Stamp  
NP168





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5108547847-000005

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJQ8769E**  
 Chassis Number : **KMH DU41BR9U761422**
2. Name of Policyholder : **HONG SAN HONG WEI PTE LTD**
3. Effective Date of Insurance : **10 Apr 2019**
4. Expiry Date of Insurance : **09 Apr 2020**
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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)**

Date of Issue : **29 Mar 2019 12:59 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Exit

## Accident MT/1072585

Policy No.	S108547947	Vehicle No.	SJQ8769E	GST Registration No.	
Certificate No.	S108547947-000005				
Policyholder Name	HONG SAN HONG WEI PTE LTD			Policyholder NRIC	199503987Z
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

## Accident Details

Report Date	22/12/2019 17:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/12/2019	Time of Accident hh:mm	15:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG YIO CHU KANG ROAD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIELD OD Excess		YIELD TP Excess			
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

## 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 3002 #01-85	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTRI
Address 4	SINGAPORE 159719	Address Type	Singapore address	Post Code	159719
Unit No.	01-85	Related Policy Number	S108547947		

## OS Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

## Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	HONG SAN HONG WEI PTE LTD	Insured NRIC	199503987Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJQ8769E	TP Vehicle Number	PBD7037D
Claim Description	SJQ8769E / PBD7037D ON 20 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Party at Fault		
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, name unknown	GIA report	Received
Date Registered		Claim Close Date	23/12/2019 18:43	Date Received	23/12/2019 00:00
Report Taken By	SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1072585	Claim No.	002
Last Doc. Received	* Yes No	Upload Date	23/12/2019 18:44
Path *			
Choose File No file chosen	Clear	Category *	Confidential
Choose File No file chosen	Clear	Urgency *	Normal
Choose File No file chosen	Clear	Description *	
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Choose File No file chosen	Clear		
Message Read	Send Message Upload		

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hq Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:44	NR3C/ Driving License	Y	NR3C/ Driving License 2019-12-23		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:44	SAS	Normal	SAS 2019-12-23		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:44	Photos	Normal	Photos 2019-12-23		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:44	Photos	Normal	Photos 2019-12-23		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:44	Photos	Normal	Photos 2019-12-23		Edit





Video List

NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:43	Photos	Normal	Photos 2019-12-23	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:43	Photos	Normal	Photos 2019-12-23	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:43	Photos	Normal	Photos 2019-12-23	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:43	Photos	Normal	Photos 2019-12-23	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:43	Photos	Normal	Photos 2019-12-23	<a href="#">Edit</a>
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:43	Photos	Normal	Photos 2019-12-23	<a href="#">Edit</a>

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>		