

NATIONAL Assessment Centre Services. (wef 1 Jan 05) MNA17162204

| | | | |
|---------------------------|------------------------------------------|-----------------------|---------------|
| Date In: 9/12/17-15:54 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC17023401/24 | SAS e-filing | | |
| Veh No: SKT58386 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 8/12/17-13:00 | i-Motor Claim Form | MT/0973006 | 9/12/17 16:21 |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|------------------------------------------|------------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: VP1341D | 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 |
|-----------|---------|
| | |
| | |
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| | |
| | |

| | | | |
|---------------------------------|-------------------------------------------------|-----------------------|-----------------------|
| NA1707619 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11): TP (N'n INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| Ref. 1: | Invoice dated | Fee Charged | |
| Ref. 2 / 3: | 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 ability.
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 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 | 09/12/2017 15:54 |
| Date Of Accident | 08/12/2017 13:00 |
| Exact Location Of Accident | JUNC JALAN SENANG AFTER WONG KEE FOODSTUFF SUPPLIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKT5838G |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOO XUN |
| NRIC No | S8134799I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97834885 |
| Alternative Phone No | OFFICE-97834885 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------------------------|
| Manufacturer | MAZDA |
| Model | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT |
| 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 | THIRD PARTY |
| 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 | 5072021487-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CHOO XUN |
| NRIC No | S8134799I |
| Date Of Birth | 15/11/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/02/2009 |
| Driving Experience | 8 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97834885 |
| Fax Number | |
| Contact Number | OFFICE-97834885 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|--------------------------------|
| Address | BLK 549A SEGAR ROAD #02-664 |
| Postcode | 671549 |
| 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 |
| Was any body injured in the Accident? | YES |
| 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

REFER TO 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 | YP1341D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | WAN HON WENG |
| NRIC/Passport Number | S0138496A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 2 |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------|
| Name | CHOO XUN |
|------|----------|

| | |
|------------------------------------------------|----------|
| Approximate Age | |
| Injuries Sustain | NECK |
| Injured person in which vehicle? | SKT5838G |
| Were seat belts worn? | YES |
| Was injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.



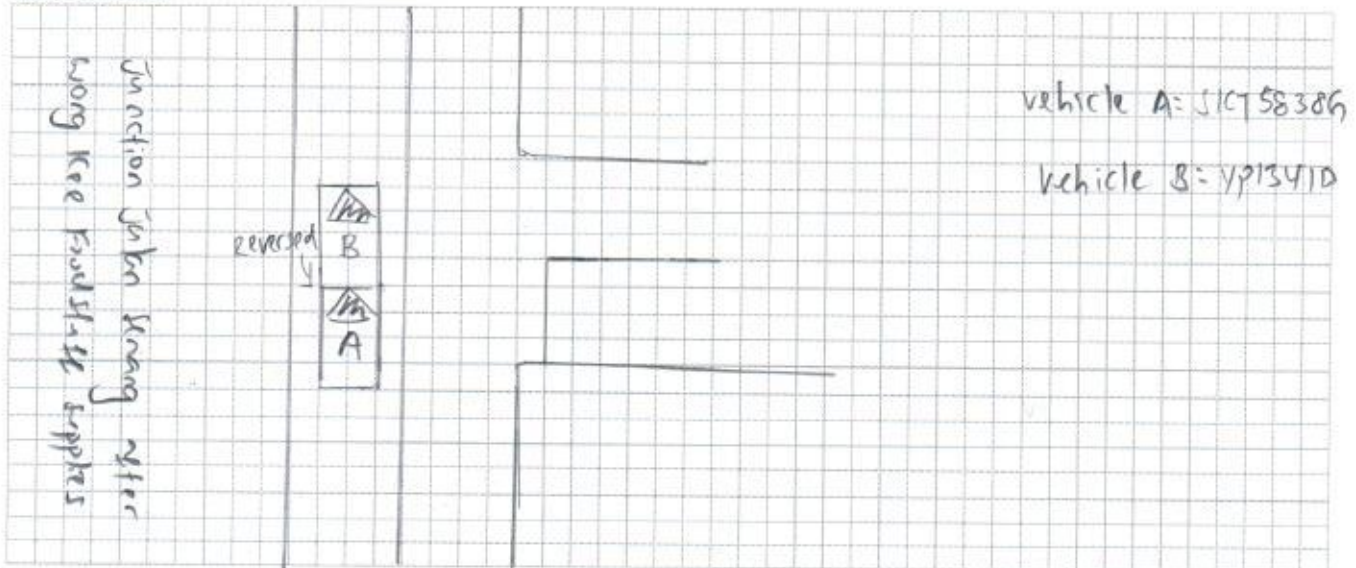
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/12/17 13:00 I was travelling along Junction Jalan Senang after Wong Kee Foodstuffs Supplies. Suddenly vehicle B (YP1341D) reversed along the road, I was trying to hank him but in the end vehicle B (YP1341D) collided onto my vehicle front portion.

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Choo Xun

Licence Number: **S81347991**

Name: **CHOO XUN**

Birth Date: **15 Nov 1981**

Issue Date: **18 Feb 2009**

Barcode: 001710043E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S81347991**

Portrait photo of Choo Xun

Name: **CHOO XUN**

Race: **CHINESE**

Date of birth: **15-11-1981**

Country of birth: **SINGAPORE**

Sex: **M**

Barcode: 001710043E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals ≤ 2500kg

PASS DATE: **18 Feb 2009**

Licence No: **S81347991**

NP 428A

4798366

Barcode

NRIC No. **S81347991**

Portrait photo of Choo Xun

Fingerprint

Date of issue: **01-12-2011**

APT BLK 549A SEGAR ROAD #02-664
SINGAPORE 671549

NRIC No: **S81347991** Date: **22/07/2016**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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="08/12/2017 13:00"/> | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SKT5838G"/> | | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | |
| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="checkbox"/> | 5072021487-02 | CHOO XUN | 58134799I | GPC | drive CLASSIC | SKT5838G | SKT5838G | 16/06/2017 | 15/06/2018 |
| <input type="button" value="Continue"/> | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|-------------------------------------------------------------|-----------------------------|------------------|-------------------|------------------|
| Policy No. | 5072021487-02 | Policyholder Name | CHOO XUN | Policyholder NRIC | S8134799I |
| Address | BLK 549A #02-664 SEGAR ROAD SEGAR PALMVIEW SINGAPORE 671549 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 16/05/2017 | Effective Date | 16/06/2017 00:00 | Expiry Date | 15/06/2018 23:59 |
| Third Party Excess | 0.0 | Own damage Excess | 600.0 | Windscreen Excess | 100.0 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600.0 | Outside Singapore TP Excess | 0.0 | | |
| Agent | ZHENG KAIXIN, CARINE | Agent Tel. | | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|----------------|
| Address 1 | BLK 549A #02-664 | Address 2 | SEGAR ROAD | Address 3 | SEGAR PALMVIEW |
| Address 4 | SINGAPORE 671549 | Address Type | Singapore address | Post Code | 671549 |
| Unit No. | | Related Policy Number | 5072021487-02 | | |

▶ Insured Object: SKT5838G

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Accident MT/0973006

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|-------------------------------|---------------------------------------------------------------|------------------------|-----------|
| Policy No. | 5072021487-02 | Vehicle No. | SKT5838G | GST Registration No. | |
| Policyholder Name | CHOO XUN | | | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | |
| Contact No.(Mobile) | 97834885 | Contact No.(Office) | 0 | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | | |
| ▼ Accident Details | | | | | |
| Report Date | 09/12/2017 16:19 | Accident Report Within 24 hrs | Yes | Accident Type | |
| Date of Accident | 08/12/2017 | Time of Accident hh:mm | 13:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNG JALAN SENANG AFTER WONG KEE FOODSTUFF SUPPLIE | | | | |
| ▼ Benefits | | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | | Yes | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 549A # 02-664 | Address 2 | SEGAR ROAD | Address 3 | |
| Address 4 | SINGAPORE 671549 | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5072021487-02 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | CHOO XUN | Driver Type | Main Driver | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | S8134799I | Driving Experience | |
| Register Date of Driver License | 18/02/2009 | Driver Age | 36 | Contact No.(Home) | |
| Contact No.(Mobile) | 97834885 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | BLK 549A | Address 2 | SEGAR ROAD | Post Code | |
| Address 4 | SINGAPORE 671549 | Address Type | Singapore address | | |
| Unit No. | 02-664 | Driver Vehicle No. | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 **New**

| | | | | | |
|-----------------------------------------------------|----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | CHOO XUN | Insured NRIC | |
| Contact No.(Mobile) | 97834885 | Contact No.(Home) | 64658850 | Contact No.(Office) | |
| Email Address | shawn.choo@gmail.com | OI Vehicle Number | SKT5838G | TP Vehicle Number | |
| Claim Description | SKT5838G / YP1341D ON 8 Dec 2017 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 09/12/2017 16:21 | Claim Close Date | | Date Received | |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|-------------------------------------------------------------------------------------------------|-------------|------------------|
| Accident No. | MT/0973006 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 09/12/2017 16:22 |
| Path * | <input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/> | | |
| Category * | Confidential | Urgency | Normal |

| | | | | |
|---------------------------------------|--------------------------------------|---------------|----|--------|
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NU | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ND | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | ND | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="button" value="Browse"/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | De |
|------------|--------------------------------------------------------------------------------|-----------------------|---------|---------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 16:22 | NRIC/ Driving License | Normal | NRIC/ Driving |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 16:22 | SAS | Normal | SAS |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 16:21 | Photos | Normal | Photo: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 16:21 | Photos | Normal | Photo: |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 16:21 | Photos | Normal | Photo: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2017 16:21 | Photos | Normal | Photo: |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|------------------------------------------------------|---------------------------------------------------|
| | | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> |