

NATIONAL Assessment Centre Services [Ref: J1005]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 19/12/17 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC17024023/13 | SAS e-filing | | |
| Veh No: ABC3836X | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 18/12/17 0930 | i-Motor Claim Form | 17/0974419 | |
| 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: Vch No: GW7588R 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 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 | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|---------------------------------|---|-------------------|-------------------|
| NA1707811 | 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 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| Dat. 2 / 3: | 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 \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | 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 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 | 19/12/2017 14:39 |
| Date Of Accident | 18/12/2017 09:30 |
| Exact Location Of Accident | PAYA LEBAR RD SLIP RD TO PIE(CHANGI AIRPORT) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FBC3836X |
| Insured/Policyholder | |
| Name Of Registered Owner | RIDZUAN BIN AIDIL |
| NRIC No | S8716243E |
| Email Address | INVERTBLACK@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96252186 |
| Alternative Phone No | OTHERS-96252186 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | FZ652 |
| 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 | 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 | 5051275770-06 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | RIDZUAN BIN AIDIL |
| NRIC No | S8716243E |
| Date Of Birth | 14/06/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/10/2008 |
| Driving Experience | 9 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96252186 |
| Fax Number | |
| Contact Number | OTHERS-96252186 |
| Email Address | INVERTBLACK@HOTMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 143 TAMPINES ST 12 #07-418 |
| Postcode | 520143 |
| 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

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 | GW7538R |
| Vehicle Make/Model/Colour | TOYOTA HIACE |
| Details Of Properties | |
| Name of Driver | LIM SWEE BOON |
| NRIC/Passport Number | S1462088E |
| Contact Number | 97650740 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

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

DETAILS OF INJURED PERSON 1

| | |
|------|-------------------|
| Name | RIDZUAN BIN AIDIL |
|------|-------------------|

Approximate Age

Injuries Sustain

KNEE

Injured person in which vehicle?

FBC3836X

Were seat belts worn?

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:

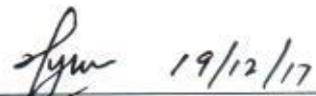
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

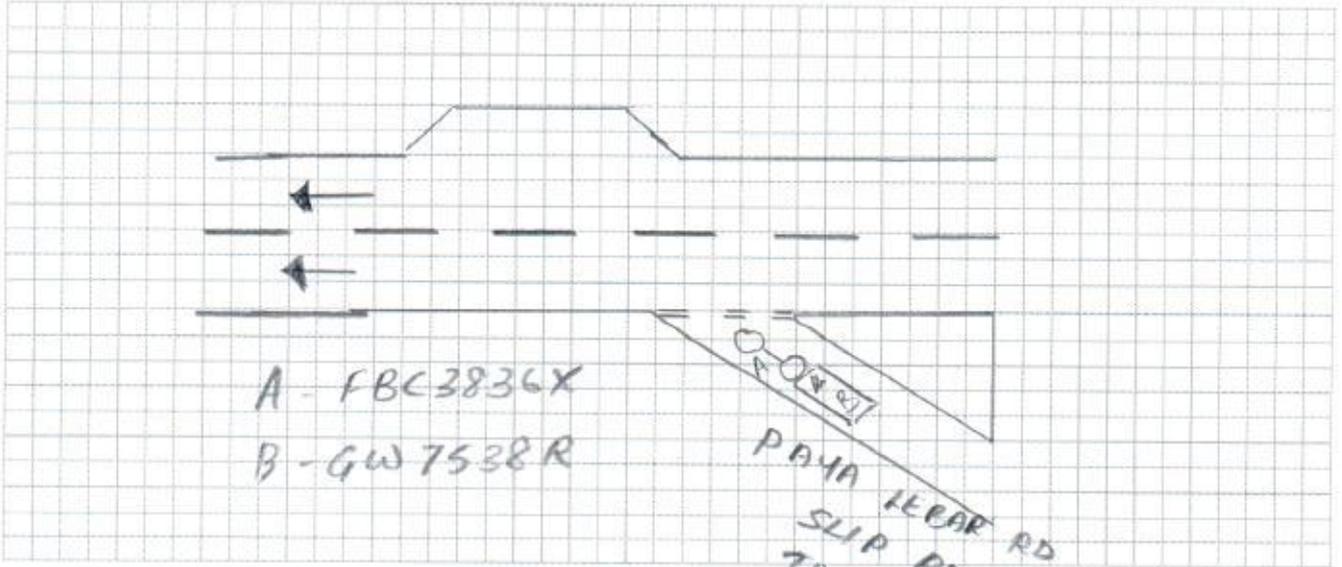
19/12/17

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

I stopped at give way line. Van hits me from behind. Impact causes me to lunge forward and fall together with bike.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

19/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 19/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



友恩診所
GALILEE CLINIC

BLK. 342, UBI AVENUE 1, #01-935, SINGAPORE 400342.
TEL: 6749 8522

MEDICAL CERTIFICATE

No: 68285

Date: 19.12.17

This is to certify that

Ridzuan Bin Aidil

is unfit for duty/school for two days, from 19.12.17 to 20.12.17 inclusive.

is fit for light duty from _____ to _____ inclusive.

Time in: _____ a.m./p.m. Time out: _____ a.m./p.m.

Remarks: _____

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Dr. Ng Kai Sum
M.B.B.S. (S'PORE)



友恩診所
GALILEE CLINIC

BLK 342, UBI AVENUE 1, #01-935, SINGAPORE 400342
TEL: 6749 8522

OFFICIAL RECEIPT

No: A 63718

Date: 19/12/17

Received from

Ridzuan Bin Aidil

the Sum of Dollars

Forty Only

being payment for:

- Consultation
 Medicine
 Others: _____

\$ 40/-
Cash/Cheque No:

Authorised Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (18/12/2017) (DD/MM/YYYY), TIME: (9:30) (HH:MM)

LOCATION: PAYA LEBAR ROAD SLIP ROAD TO PIE (CHANGI AIRPORT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 3836X
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (~~COMPREHENSIVE~~ / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: YAMAHA FZ6S2
f) TYPE: (~~SALOON~~ / ~~COUPE~~ / ~~MPV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)
g) VEHICLE CATEGORY: (~~PRIVATE~~ / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
h) PURPOSE OF USING AT ACCIDENT TIME: COMMUTING HOME
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: RIZUAN BIN AIDIL @ RIZUAN TAN (MALE / ~~FEMALE~~)
b) NRIC/FIN/PASSPORT: S8716243E CONTACT: 9625 2188
c) ADDRESS: 143, Tampines St 12 #07-418

* 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: (14/06/1987) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / ~~OUTDOOR~~)

f) YEARS OF DRIVING EXPERIENCE: 10

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

5. a) WEATHER CONDITION: (~~CLEAR~~ / ~~RAINING~~ / ~~OTHERS~~)

b) ROAD SURFACE: (~~DRY~~ / ~~WET~~ / ~~OTHERS~~)

6. WAS ANYBODY INJURED (YES / ~~NO~~) KNEES

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GW 7538R MODEL: TOYOTA HIACE
b) DRIVER'S NAME: LIM SWEE BOON
c) NRIC/FIN/PASSPORT: S1462088E CONTACT: 9765 0740

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

19/12/17
waiting for
veh ✓

email = invertblack @ hotmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8716243E




Name
**RIDZUAN BIN AIDIL
@RIDZUAN TAN**

Race
CHINESE

Date of birth
14-06-1987

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8716243E**

Name
RIDZUAN BIN AIDIL

Birth Date: **14 Jun 1987**

Issue Date: **16 Aug 2007**





4469325



NSIC No. **S8716243E**



Date of issue
29-09-2009

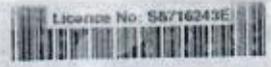
Address
**APT BLK 143 TAMPINES STREET 12
#07-41B
SINGAPORE 520143**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

| Class | Description | Valid Until |
|----------|---|-------------|
| Class 1B | Motorcycles <= 200 CC | 14 Aug 2007 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 09 Oct 2008 |
| Class 2 | Motorcycles > 400 CC | 23 Mar 2010 |
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg | 30 Jul 2008 |

S / No. 9000126132

S8716243E



NP 426A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5051275770-06 | RIDZUAN BIN AIDIL | S8716243E | GMC | Third Party, Fire & Theft | FBC3836X | FBC3836X | 27/08/2017 | 26/08/2018 |

Claim Handling

Accident MT/0974419

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----|
| Policy No. | 5051275770-06 | Vehicle No. | FBC3836X | GST Registration No. | |
| Policyholder Name | RIDZUAN BIN AIDIL | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | 0 | Loading | |
| Contact No.(Mobile) | 96252186 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 15 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|------------------|
| Report Date | 19/12/2017 18:18 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head |
| Date of Accident | 18/12/2017 | Time of Accident hh:mm | 09:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PAYA LEBAR RD SLIP RD TO PIE(CHANGI AIRPORT) | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|------|-----------------------------|--|-------------------|--|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

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 #07-418 | Address 2 | TAMPINES STREET 12 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5051275770-06 | | |

O1 Driver Info

| | | | | | |
|---|---|---------------------|--------------------|------------------------|--|
| Driver Name | RIDZUAN BIN AIDIL | Driver Type | Main Driver | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | S8716243E | Driving Experience | |
| Register Date of Driver License | 16/08/2007 | Driver Age | 30 | Contact No.(Home) | |
| Contact No.(Mobile) | 96252186 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | BLK 143 | Address 2 | TAMPINES STREET 12 | Post Code | |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | #07-418 | 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 OD-MX **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | RIDZUAN BIN AIDIL | Insured NRIC | |
| Contact No.(Mobile) | 96252186 | Contact No.(Home) | 67814416 | Contact No.(Office) | |
| Email Address | invertblack@hotmail.com | O1 Vehicle Number | FBC3836X | TP Vehicle Number | |
| Claim Description | FBC3836X / GW7538R ON 18 Dec 2017 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | |
| Date Registered | 19/12/2017 18:22 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | ROSLINDA | Workshop Repairer | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|--|-------------|------------------|
| Accident No. | MT/0974419 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 19/12/2017 18:20 |
| Path * | <input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select | | |
| Category * | Confidential | Urgency | Normal |

| | | | | | |
|----------------------|--|--------------------------------------|---------------|----|--------|
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | Please Select | NO | Normal |
| <input type="text"/> | <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 19 Dec 2017 18:22 | NRIC/ Driving License | Normal | NRIC/ Driving |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | SAS | Normal | SAS ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:22 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:21 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:21 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:21 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:21 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:21 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:20 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:20 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:20 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:20 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:20 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2017 18:20 | Photos | Normal | Photos |

Video List

| Uploaded By/Date | Folder Date | File Name | Sour |
|------------------|-------------|-----------|------|
|------------------|-------------|-----------|------|