

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|--------------|
| Date In: 09/01/2018 13:47 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18000506/ky | SAS e-filing | | |
| Veh No: SJC 4820P | E-mail (within 3hrs, AIC 2hrs) | | |
| DOA: 09/01/2018 09:30 | i-Motor Claim Form | MT/0977072 | 9/1/18 17:10 |
| OD TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

| | | | | |
|---------------------------------|-----------|--|-----------------------|-----------------------|
| Claimant's Particulars: | NA1800243 | Invoice Preparation Checklist | Am't (\$) 1st Bill | Am't (\$) Add Bill |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Cat. 1: | | 6) TR: Re-inspection For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2/3: | | 7) NI: Idac DA + SMRT Survey \$75 | | |
| | | 8) NTUC Additional Services: | | |
| | | OP* | | |
| | | *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 \$30 | | |
| | | Invoice dated | Fee Charged | |
| | | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 09/01/2018 13:47
 Date Of Accident 09/01/2018 09:30
 Exact Location Of Accident KPE TWDS TPE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC4820P
Insured/Policyholder
 Name Of Registered Owner RENT A RIDE LEASING PTE. LTD.
 Co Reg No 201530139G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96800265
 Alternative Phone No OFFICE-96800265

Vehicle Particulars

Manufacturer HONDA
 Model CIVIC 1.8L A
 Exact Purpose for which vehicle was being used at time of accident WORK
 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 5094724941
 Cover Note Number

Driver

Name of Driver EMMANUEL ARUL CHANDRAN
 NRIC No S8334911E
 Date Of Birth 20/10/1983
 Occupation OUTDOOR
 Date Of Driving Pass 18/03/2011
 Driving Experience 6 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96800265
 Fax Number
 Contact Number OTHERS-96800265
 EMail Address NOEMAIL

| | |
|---|--|
| Address | BLK 886B WOODLANDS DRIVE 50 #10-509 |
| Postcode | 732886 |
| 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 | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|---------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : NIL GENDER: : FEMALE |

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM CHOON LENG (LIN JUNLONG) |
| NRIC/Passport Number | S7408065J |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:

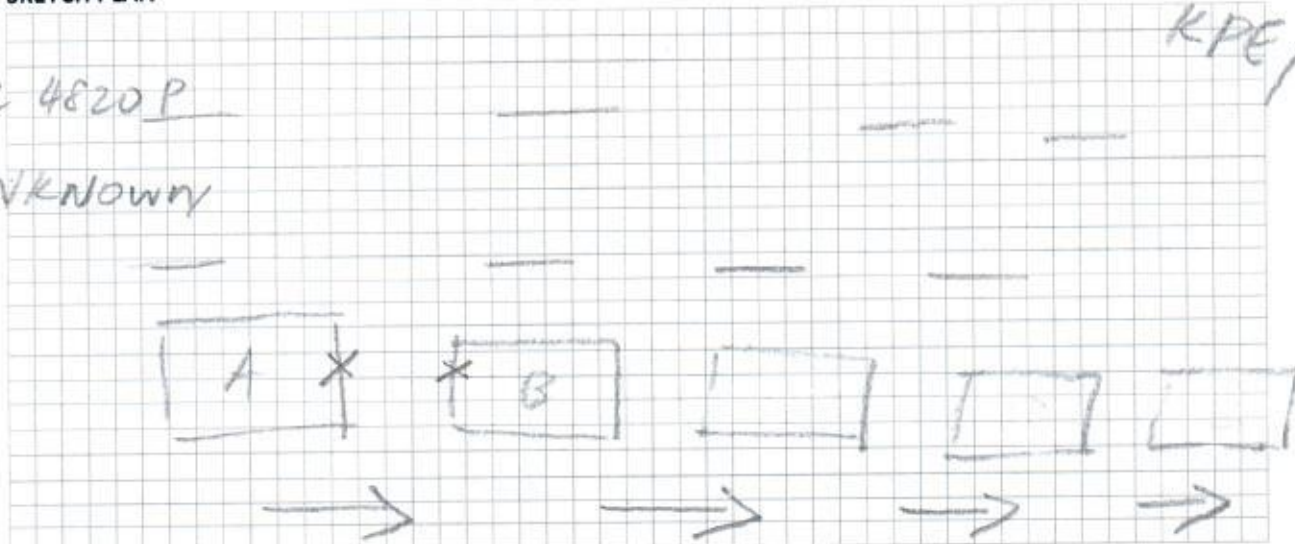
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

9/1/2018

SKETCH PLAN

A - SJL 4820 P
B - UNKNOWN

KPE/TPE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A travelling along KPE towards TPE. Vehicle B did a sudden brake and ~~hit~~ vehicle A did not have sufficient time to brake a hit vehicle B Bumper. There is a slight damage on vehicle B bumper on the left side.

Vehicle has slight dent on the Bumper and number plate slightly dented.

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
IDENTITY CARD NO. S8334911E



Name

EMMANUEL ARUL CHANDRAN

Race

INDIAN

Date of birth

20-10-1983

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8334911E

Name

EMMANUEL ARUL CHANDRAN

Birth Date 20 Oct 1983

Issue Date 18 Mar 2011



001947672J



4541705

NRIC No. S8334911E



Date of Issue

12-03-2010

APT BLK 886B WOODLANDS DRIVE 50 #10-509
SINGAPORE 732886

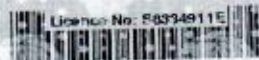
NRIC No: S8334911E

Date: 18/06/2014

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 18 Mar 2011



Licence No: S8334911E

NP 428A

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: 5094724941

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **SJC4820P**

Chassis Number

: JHMFD16308S213164

2. Name of Policyholder

: RENT A RIDE LEASING PTE. LTD.

3. Effective Date of Insurance

: 02 Oct 2017

4. Expiry Date of Insurance

: 19 Feb 2018

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 : TAN INSURANCE BROKERS PTE LTD (00000690287)

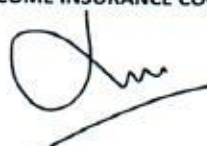
Date of Issue : 02 Oct 2017 11:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/> | 5094724941 | RENT A RIDE LEASING PTE. LTD. | 201530139G | GPC | Third Party | SJC4820P | SJC4820P | 02/10/2017 | 19/02/2018 |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------------------|-------------------|------------------|
| Policy No. | 5094724941 | Policyholder Name | RENT A RIDE LEASING PTE. LTD | Policyholder NRIC | 201530139G |
| Address | 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 02/10/2017 | Effective Date | 02/10/2017 00:00 | Expiry Date | 19/02/2018 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 3000 | | |
| Agent | TAN INSURANCE BROKERS PTE | Agent Tel. | NIL | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 | | Address Type | Singapore address | Post Code | 415875 |
| Unit No. | 05-50 | Related Policy Number | 5096814724 | | |

▶ Insured Object: SJC4820P

▼ Endorsements

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

Continue

Cancel

Claim Handling

Accident MT/0977072

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------|
| Policy No. | 5094724941 | Vehicle No. | SJC4820P | GST Registration No. | |
| Policyholder Name | RENT A RIDE LEASING PTE. LTD. | | | Policyholder NRIC | 2011 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 96800265 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |

▼ Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|-------|
| Report Date | 09/01/2018 16:57 | Accident Report Within 24 hrs | Yes | Accident Type | Colli |
| Date of Accident | 09/01/2018 | Time of Accident hh:mm | 09:30 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | KPE TWDS TPE | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 3,000.00 | | |

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|-----------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 4151 |
| Unit No. | 05-50 | Related Policy Number | 5096814724 | | |

▼ O1 Driver Info

| | | | | | |
|---|---|---------------------|--------------------|------------------------|------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | EMMANUEL ARUL CHANDRAN | Driver NRIC | S8334911E | Driver DOB | 20/1 |
| Register Date of Driver License | 18/03/2011 | Driver Age | 34 | Driving Experience | 6 |
| Contact No.(Mobile) | 96800265 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 886B | Address 2 | WOODLANDS DRIVE 50 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 7321 |
| Unit No. | #10-509 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

| | | | |
|-------------------------------------|------|-------------|---|
| Declaration | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Modification History

Claim 001 OD-MX New

| | | | | | | |
|---|----------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | RENT A RIDE LEASING PTE. LTD | Insured NRIC | 2011 | |
| Contact No.(Mobile) | 96737711 | Contact No.(Home) | NIL | Contact No.(Office) | 6381 | |
| Email Address | | O1 Vehicle Number | SJC4820P | TP Vehicle Number | UNK | |
| Claim Description | SJC4820P / UNKNOWN ON 9 Jan 2018 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Rec | |
| Date Registered | 09/01/2018 17:07 | Claim Close Date | | Date Received | 09/01 | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | | |

Save Submit

Attachment

1/9/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0977072

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

09/01/2018 17:10

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

















Category *

Confidential

Urgency *

| | | | |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descrip |
|---|--|-----------------------|---------|-------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:06 | NRIC/ Driving License | Normal | NRIC/ Driving Lic |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:05 | SAS | Normal | SAS 201 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:05 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jan 2018 17:04 | Photos | Normal | Photos 20 |

Video List

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

Display in New Window

Scan and uploading