

NATIONAL Assessment Centre Services: [verf: 1 Jan 2005] MMA 118045745 - 01

| | | | |
|------------------------------|--|-----------------------|--------------|
| Date In: 6/4/18 09:02 | Job description | Date & Time Completed | Done by |
| Ref No: MMA/INC 18006356 164 | SAS e-filing | | |
| Veh No: SKR 3219C | E-mail (within 5hrs, A/C 2hrs) | | |
| D.O.A: 5/4/18 10:25 | i-Motor Claim Form | M110989347 | 6/4/18 17:08 |
| OD (P) 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: SKR 3105L | 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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| | |

| | | | |
|--|---|-------------------------------|----------------------|
| Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2/3: | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 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:- QP* *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 | Amt (\$) Ist Bill 32.22 | Amt (\$) Add Bill |
| | 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 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 | 06/04/2018 09:02 |
| Date Of Accident | 05/04/2018 10:25 |
| Exact Location Of Accident | PIE TWDS CHANGI |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKP3219C |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SIEW IMM |
| NRIC No | S1279451G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97416480 |
| Alternative Phone No | OFFICE-97416480 |

Vehicle Particulars

| | |
|--|-------------------------------|
| Manufacturer | TOYOTA |
| Model | TOYOTA COROLLA ALTIS 1.6L CVT |
| 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 | 5073016748-02 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN SIEW IMM |
| NRIC No | S1279451G |
| Date Of Birth | 01/11/1957 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/12/1990 |
| Driving Experience | 27 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | +65-97416480 |
| Fax Number | |
| Contact Number | OFFICE-97416480 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | 499 YIO CHU KANG RD #09-07 |
| Postcode | 787082 |
| 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 |
| Number of vehicles involved in the accident | |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO 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 | SKR3105L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | |
| 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

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:

 X

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



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

SKETCH PLAN

PIE towards Changi



DOA: 5/4/18

A: SKP 3219C

B: SKR 3105L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front car slowed down so I followed suit but
veh B failed to brake in time hit onto
my veh rear portion.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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 : MNA 118045745 Vehicle Registration No : SKP 3219C
Name (as shown in NRIC) : Tan Siew Imm NRIC/FIN/Passport No : S1279451G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9741 6480
Email Address : _____
Date of Accident : 5/4/18 Time of Accident : 10:25
Place of Accident : PIE Tuas Changi
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 Circumstances of Accident:

* I wish to state. Due to the Impact, my veh
swerved to the right and hit onto railing.



Tan Siew Imm

Policyholder / Driver's Signature
Date:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 6/4/18

Personal Particulars

Date of Accident: 5/4/18 Time of Accident: 10:25am
Exact Location of Accident: PIE towards Changi
Owner's Name: Tan Siew Imm NRIC No: S1279451G HP No: 97416480
Driver's Name: u NRIC No: u HP No: u
Date of Birth: 1/11/1957 Driving Licence Passing Date: 18/12/1990 Occupation: Indoor / Outdoor
Address: 499 Yio Chu Kang Rd # 09-07 (787082)
Relationship of Driver with Insured: Owner Email Address:
Vehicle No: SKP 3219C Make & Model: Toyota
Insurance Co: NTUC Coverage: Policy No:

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: Wet / ☒ Dry / Others:

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+1 C: D:

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle:

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station?

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: Insurer:

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category:

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: SKR 3105L Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1279451G



Name
TAN SIEW IMM

Race
CHINESE

Date of Birth
01-11-1957

Sex
F

Country of Birth
SINGAPORE



S1279451G

216642

001036094C



License Number
S1279451G

Name
TAN SIEW IMM

Birth Date
01 Nov 1957

Issue Date
04 Dec 2003

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

Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
18 Dec 1990

NP 428A

License No. S1279451G



499 YIO CHU KANG ROAD #09-07
SINGAPORE 787082
NRIC No. S1279451G



NRIC No. **S1279451G**

Blood Group
O+

Date of Issue
22-06-1994

Date: 26/11/2010

No. 6651311





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: 5073016748-02

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : SKP9219C
 Chassis Number : MRQ53REH104513051
2. Name of Policyholder : TAN SIEW IMM
3. Effective Date of Insurance : 01 Sep 2017
4. Expiry Date of Insurance : 31 Aug 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : YES |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES |
| TRANSPORT ALLOWANCE | : YES |
| EXCESS WAIVER | : YES |
| PRIMARY DRIVER | : TAN SIEW IMM |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 : ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue : 28 Jul 2017 18:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Claim Handling

Accident MT/0989347

| | | | | | |
|---|-----------------------|-------------------------------|-------------------|------------------------|--------------------------|
| Policy No. | 5073016748-02 | Vehicle No. | SKP3219C | GST Registration No. | |
| Policyholder Name | TAN SIEW IMM | | | Policyholder NRIC | S1279451G |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading | 0 |
| Contact No.(Mobile) | 97416480 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 06/04/2018 16:56 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 05/04/2018 | Time of Accident hh:mm | 10:25 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE TWDS CHANGI | | | | |
| Benefits | | | | | |
| Coverage | | Sum Insured | 999999999.99 | | |
| Excess Waiver | | | 999999999.99 | | |
| Transport Allowance | | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0.00 | Windscreen Excess | 1 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| 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 | 47A LORONG 27 GEYLANG | Address 2 | SINGAPORE 388179 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 388179 |
| Unit No. | | Related Policy Number | 5073016748-02 | | |
| Q1 Driver Info | | | | | |
| Driver Name | TAN SIEW IMM | Driver Type | Main Driver | Driver DOB | 01/11/1957 |
| Unnamed driver Name | | Driver NRIC | S1279451G | Driving Experience | 19 |
| Register Date of Driver License | 01/01/1999 | Driver Age | 60 | Contact No.(Home) | |
| Contact No.(Mobile) | 97416480 | Contact No.(Office) | | Address 3 | |
| Address 1 | 47A LORONG 27 GEYLANG | Address 2 | SINGAPORE 388179 | Post Code | 388179 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |
| Modification History | | | | | |

Claim 001 New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | TAN SIEW IMM | Insured NRIC | S1279451G |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 66666666 |
| Email Address | | Q1 Vehicle Number | SKP3219C | TP Vehicle Number | SKR3105L |
| Claim Description | SKP3219C / SKR3105L ON 5 Apr 2018 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 06/04/2018 00:00 |
| Date Registered | 06/04/2018 17:07 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> | | | | | |

Attachment

| | | | |
|----------------------------|------------|---------------------|------------------------|
| Accident No. | MT/0989347 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 06/04/2018 17:08 |
| Path * | | Category * | Confidential Urgency * |
| Choose File No file chosen | | Clear Please Select | NO Normal |

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear Please Select NO Normal

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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|--------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:08 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:08 | SAS | Normal | SAS 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:08 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:08 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:08 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Apr 2018 17:07 | Photos | Normal | Photos 2018-4-6 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------------------|--------------------|
| | | Display in New Window | Scan and uploading |