

NATIONAL Assessment Centre Services

Form: NA-001

MMA 118076379.

| | | | |
|--|--|-----------------------|---------------|
| Date In: 12/6/18 17:11 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18010743/64 | SAS e-filing | | |
| Veh No: SJL 8629 C | E-mail (within 5hrs, ATQ 2hrs) | | |
| D.O.A: 12/6/18 10:30 | i-Motor Claim Form | MT/0998466-001 | 13/6/18 09:19 |
| OD: <input checked="" type="checkbox"/> 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: G88 5063 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1803687

Invoice Preparation Checklist

Amr (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Date 1:

Date 2/3:

| | |
|--|-------|
| 1) AR: Accident Reporting (\$30); | 30.00 |
| 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 20/05) | |
| 6) TR: Re-inspection \$75 | |
| 7) N1: Idac DA + SMRT Survey \$160 | |
| 8) NTUC Additional Services:- | |
| 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 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 | 12/06/2018 17:11 |
| Date Of Accident | 12/06/2018 10:30 |
| Exact Location Of Accident | 226D AMK AVE 1 KEBUN BARU MARKET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SJL8629C |
| Insured/Policyholder | |
| Name Of Registered Owner | HYCARZ GROUP |
| Co Reg No | 53316295E |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90460046 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | SUBARU |
| Model | IMPREZA 5D 1.5R AWD AT |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5080540455-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | GOH YIN LEI |
| NRIC No | S8719219I |
| Date Of Birth | 01/07/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/11/2012 |
| Driving Experience | 5 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92717696 |
| Fax Number | |
| Contact Number | |
| EEmail Address | CHRISTINE.GOHYL@GMAIL.COM |

| | |
|---|--------------------------|
| Address | 87 TAMPINES AVE 1 #05-30 |
| Postcode | 528688 |
| 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 | SIDE SWIPE |
| 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? | YES |
| 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) | 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? | YES |
| Remarks/ Reasons: | FILE TOO LARGE FAIL TO UPLOAD |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBB506Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LEE KENG GUAN |
| NRIC/Passport Number | S1677273I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-------------|
| Name | GOH YIN LEI |
|------|-------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJL8629C

YES

NO

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:

12/6/18
12:35pm

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

226 D

Kebun Barn Market & Food Centre

226 C

A

B

B

↑

↓

A = SJL 8629 C

B = GBB 506 Z

Please Refer to Statement

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



Driver's Signature
(If driver is not the policyholder)

12/6/18
12:35pm

[Signature]

I WAS PICKING MY PASSENGER AT THE 226D AMK AVE 1, KEBUN BARU MARKET, AFTER REACHING MY DESTINATION, I TURN ON MY HAZZARD LIGHT AND STOP AT THE ROAD SIDE WHILE WAITING A BMW MOVING OFF FROM THE CARPARK, AFTER THE BMW MOVE OFF, I SLOWLY INCHED FORWARD TO THE MARKET CARPARK, SUDDENLY VEH B (BEARING NO GBB506Z) OVERTAKE MY VEH FROM BEHIND AND MAKE A SHARP LEFT TURN INTO THE MARKET CARPARK AND HIT ONTO MY VEH RIGHT FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 6 / 18) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: 226 D AMK Ave 2 - Kebun Baru market

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JL 8629C
b) INSURANCE COMPANY: MTVC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
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: Hycarz Group (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9046 0046 Grace
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Goh Yin Lei (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9271 7696
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8B 5062 MODEL: _____
b) DRIVER'S NAME: Lee Keng Guan
c) NRIC/FIN/PASSPORT: 516772737 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Camera: Yes.

grace5ng 2010
grace5ng2010@yahoo.com

Email = christine.gohyl@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S87192191



Name

GOH YIN LEI

吴银蕾

Race

CHINESE

Date of birth

01-07-1987

Country/Place of birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S87192191

GOH YIN LEI

Birth Date 01 Jul 1987

Issue Date 06 Nov 2012



002120002E



5658095

NRIC No. S87192191



Date of issue

22-09-2016

Address

87 TAMPINES AVENUE 1
#05-30
SINGAPORE 528688

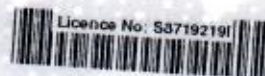
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

06 Nov 2012

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

NP 428A



Licence No: S87192191

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="checkbox"/> | 5080540455-01 | HYCARZ GROUP | 53316295E | GCV | Comprehensive | SJL8629C | SJL8629C | 15/06/2017 | 14/06/2018 |

Claim Handling

Accident MT/0998466

| | | | | | |
|---|----------------------------------|-------------------------------|-------------------|------------------------|------------------|
| Policy No. | 5080540455-01 | Vehicle No. | SJL8629C | GST Registration No. | |
| Policyholder Name | HYCARZ GROUP | | | Policyholder NRIC | 53316295E |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 90460046 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 10 | Private Hire | Yes |
| ▼ Accident Details | | | | | |
| Report Date | 13/06/2018 09:08 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 12/06/2018 | Time of Accident hh:mm | 10:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 226D AMK AVE 1 KEBUN BARU MARKET | | | | |
| ▼ Benefits | | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 2,000.00 | 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 | 95 TAMPINES AVENUE 1 | Address 2 | #09-48 WATERVIEW | Address 3 | SINGAPORE 528692 |
| Address 4 | | Address Type | Singapore address | Post Code | 528692 |
| Unit No. | 09-48 | Related Policy Number | 5080540455-01 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 01/07/1987 |
| Unnamed driver Name | GCH YIN LEI | Driver NRIC | S8719219E | Driving Experience | 5 |
| Register Date of Driver License | 06/11/2012 | Driver Age | 30 | Contact No.(Home) | |
| Contact No.(Mobile) | 92717696 | Contact No.(Office) | | Address 3 | SINGAPORE 528688 |
| Address 1 | 87 TAMPINES AVENUE 1 | Address 2 | #05-30 WATERVIEW | Post Code | 528688 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 05-30 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |

Modification History

Claim 001 New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | HYCARZ GROUP | Insured NRIC | 53316295E |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SJL8629C | TP Vehicle Number | G88506Z |
| Claim Description | SJL8629C / G88506Z ON 12 Jun 2018 | | | Name of Preferred Workshop | D |
| 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 | 13/06/2018 00:00 |
| Date Registered | 13/06/2018 09:14 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <div>Save Submit</div> | | | | | |

Attachment

| | | | | | |
|--------------------|----------------|---------------------|------------------|-----------|-------|
| Accident No. | MT/0998466 | Claim No. | 001 | | |
| Last Doc. Received | Yes No | Upload Date | 13/06/2018 09:19 | | |
| Path * | | Category * | Confidential | Urgency * | Descr |
| Choose File | No file chosen | Clear Please Select | NO | Normal | |
| Choose File | No file chosen | Clear Please Select | NO | Normal | |
| Choose File | No file chosen | Clear Please Select | NO | Normal | |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:19 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-6-13 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:19 | SAS | Normal | SAS 2018-6-13 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:19 | Photos | Normal | Photos 2018-6-13 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:19 | Photos | Normal | Photos 2018-6-13 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:18 | Photos | Normal | Photos 2018-6-13 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:18 | Photos | Normal | Photos 2018-6-13 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:14 | Photos | Normal | Photos 2018-6-13 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:14 | Photos | Normal | Photos 2018-6-13 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:14 | Photos | Normal | Photos 2018-6-13 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jun 2018 09:14 | Photos | Normal | Photos 2018-6-13 |

Video List

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

Display in New Window

Scan and uploading