

NATIONAL Assessment Centre Services

[wef 1 Jan 00]

MMA 118101701

| | | | |
|------------------------------|--|-----------------------|--------------|
| Date In: 6/8/18 17:55 | Job description | Date & Time Completed | Done by |
| Ref No: MA/INC/18014303/64 | SAS e-filing | | |
| Veh No: 53X 9377J | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 4/8/18 12:00 | i-Motor Claim Form | MT/1006208-001 | 7/8/18 09:32 |
| OD: <u>TP</u> 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: GGG. 7564H. | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--------------------------|-----------|---|-------------|----------|
| | MA1805000 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| | | | 1st Bill | Add Bill |
| Claimant's Particulars:- | | 1) AR: Accident Reporting (\$30); | 30.00 | |
| 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 | | |
| | | 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:- | | |
| | | Q1: | | |
| | | *N5: Courtesy Car / Tpl 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 | | |
| Auditors' Comments:- | | Invoice dated | Fee Charged | |
| Ref 1: | | Invoice dated | Fee Charged | |
| Ref 2/3: | | | | |

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 | 06/08/2018 17:55 |
| Date Of Accident | 04/08/2018 12:00 |
| Exact Location Of Accident | RANGOON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJX9377J |
| Insured/Policyholder | |
| Name Of Registered Owner | AW GUAN LEE |
| NRIC No | S7001370C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96521564 |
| Alternative Phone No | OFFICE-96521564 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | MITSUBISHI |
| Model | LANCER EX GT 2.0L CVT ABS D/AB 2WD HID |
| 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 | 5094621007 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | AW GUAN LEE |
| NRIC No | S7001370C |
| Date Of Birth | 12/01/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/04/1997 |
| Driving Experience | 21 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96521564 |
| Fax Number | |
| Contact Number | OFFICE-96521564 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 38D BENDEMEER RD #22-866 |
| Postcode | 334038 |
| 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 | CHAIN COLLISION |
| 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) | 4 |
| Passenger 1 | NAME: : SHARON NG GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN 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

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: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG7564H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | ANG TOCK AN |
| NRIC/Passport Number | |

Contact Number 91122725
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKB7119E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG SWEE HOCK
NRIC/Passport Number
Contact Number 97636116
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AW GUAN LEE
Approximate Age
Injuries Sustain NECK N BACK
Injured person in which vehicle? SJX9377J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SHARON NG
Approximate Age
Injuries Sustain NECK N BACK
Injured person in which vehicle? SJX9377J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

IMPORTANT NOTICE

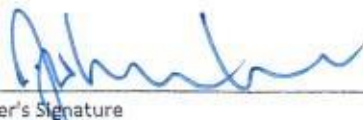
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

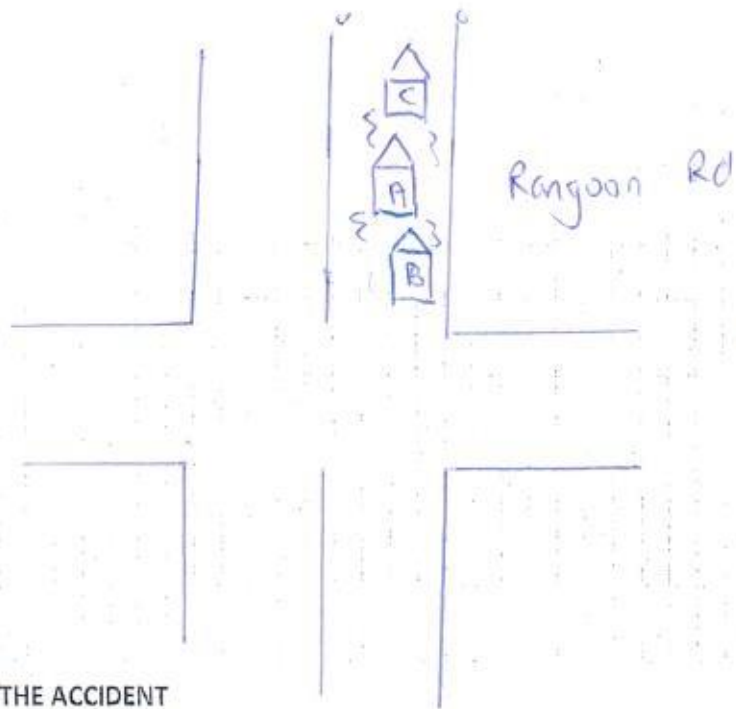


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




DOA: 4/8/18
 A: SJX 9377J
 B: GBG 75C4H
 C: SKB 7119E


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light turn red, I stopped my vehicle,
 suddenly veh B hit me from the rear & due
 to the strong impact my car moved forward & hit
 veh C

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.:

Personal Particulars

Date of Accident: 4/8/18 Time of Accident: 12.00 pm
Exact Location of Accident: Rangoon Rd
Owner's Name: Aw Guan Lee NRIC No: 5700137UC HP No: 96521564
Driver's Name: u NRIC No: u HP No: u
Date of Birth: 12/1/1970 Driving Licence Passing Date: 11/4/1997 Occupation: Indoor / Outdoor
Address: BK 380 Bendemeer Rd # 22-866 (334038)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SJX 9377J Make & Model: Mit
Insurance Co: NTUC Coverage: Comprehensive 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 + 3 B: 1 + 0 C: 1 + 1 D: _____
girl man man girl

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

Name / NRIC / In Vehicle: Aw Guan Lee neck back, Sharon Nu
neck & back

*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: GBG 7564H Make & Model: _____
Driver's Name: Ang Tock An NRIC No: 589257367 HP No: 91122725
Vehicle C No: SKB 7119E Make & Model: _____
Driver's Name: Ng Swee Hock NRIC No: 51394359 HP No: 97636116

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7001370C



Name
AW GUAN LEE
胡元利

Race
CHINESE


Date of Birth
12-01-1970

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number
S7001370C

Name
AW GUAN LEE

Birth Date
12 Jan 1970

Issue Date
10 May 2003



2148152




NRIC No. S7001370C

Blood Group
B+

Date of issue
18-06-1994


APT BLK 38D BENDEMEER ROAD #22-866
SINGAPORE 334038
NRIC No: S7001370C Date: 07/11/2011 No: 6932847

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

| Class | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 11 Apr 1997 |

NP 428A

Licence No: S7001370C



Hello, NAC_PAYA_UBI_800601

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

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="04/08/2018 17:54"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJX9377J"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5094621007 | | AW GUAN LEE | S7001370C | GPC | drive CLASSIC | SJX9377J | SJX9377J | 30/10/2017 | 29/10/2018 |

Claim Handling

Accident MT/1006208

| | | | | | |
|---|---|-------------------------------|---|------------------------|-----------|
| Policy No. | 5094621007 | Vehicle No. | SJX9377J | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | AW GUAN LEE | Cover Type | drive CLASSIC | Policyholder NRIC | S7001370C |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 96521564 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 30 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 07/08/2018 09:24 | Accident Report Within 24 hrs | Yes | Accident Type | Chain (|
| Date of Accident | 04/08/2018 | Time of Accident hh:mm | 12:00 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | RANGOOD RD | | | | |
| ▼ Benefits | | | | | |
| Coverage | | Sum Insured | | | |
| Transport Allowance | | 99999999.99 | | | |
| Excess Waiver | | 99999999.99 | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| 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 | BLK 38D #22-866 | Address 2 | BENDEMEER ROAD | Address 3 | THE RI |
| Address 4 | SINGAPORE 334038 | Address Type | Singapore address | Post Code | 334038 |
| Unit No. | 22-866 | Related Policy Number | 5094621007 | | |
| ▼ O1 Driver Info | | | | | |
| Driver Name | AW GUAN LEE | Driver Type | Main Driver | Driver DOB | 12/01/ |
| Unnamed driver Name | | Driver NRIC | S7001370C | Driving Experience | 21 |
| Register Date of Driver License | 11/04/1997 | Driver Age | 48 | Contact No.(Home) | |
| Contact No.(Mobile) | 96521564 | Contact No.(Office) | | Address 3 | THE RI |
| Address 1 | BLK 38D #22-866 | Address 2 | BENDEMEER ROAD | Post Code | 334038 |
| Address 4 | SINGAPORE 334038 | Address Type | Singapore address | | |
| Unit No. | 22-866 | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |
| Modification History | | | | | |

Claim 001 **New**

| | | | |
|---|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | AW GUAN LEE |
| Contact No.(Mobile) | 96521564 | Contact No. (Home) | NIL |
| Email Address | | O1 Vehicle Number | SJX9377J |
| Claim Description | SJX9377J / GBG7564H ON 4 Aug 2018 | | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault |
| Report No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

| | | | |
|--|---|--|--|
| Accident No. | MT/1006208 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 07/08/2018 09:32 |
| Path * | | Category * | Confidential |
| 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 | | Clear Please Select Clear Please Select Clear Please Select Clear Please Select Clear Please Select Clear Please Select | NO NO NO NO NO NO Normal Normal Normal Normal Normal Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|--------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:32 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:32 | SAS | Normal | SAS 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:32 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:32 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:32 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:31 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:31 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:31 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:31 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:28 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:28 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:28 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:28 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:28 | Photos | Normal | Photos 2018-8-7 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2018 09:28 | Photos | Normal | Photos 2018-8-7 |

Video List

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