

NATIONAL Assessment Centre Services. [wef 1 Jan 05] **MHA118122963**

| | | | |
|-----------------------------------|--|-----------------------|----------------------|
| Date In: 22/9/18-10:31 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 18017281/24 | SAS e-filing | | |
| Veh No: SLB38871C | E-mail (within 3hrs, A/C 2hrs) | | |
| D.O.A: 2/9/18-20:30 | i-Motor Claim Form | MT/1012571-001 | 22/9/18 16:53 |
| OD / TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLT 1549E** 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 :- | Invoice Preparation Checklist | | Ant (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | Est Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| 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 | | | |
| Dat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Dat. 2/3: | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile \$0 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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 | 22/09/2018 10:31 |
| Date Of Accident | 21/09/2018 20:30 |
| Exact Location Of Accident | BKE TWDS WOODLANDS CHECKPOINT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLB3887K |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEW SENG LONG |
| NRIC No | S7869523D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93958088 |
| Alternative Phone No | OFFICE-93958088 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| 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 | REPORTING ONLY |
| 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 | 5070042639-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHEW SENG LONG |
| NRIC No | S7869523D |
| Date Of Birth | 22/10/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/10/2011 |
| Driving Experience | 6 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93958088 |
| Fax Number | |
| Contact Number | OFFICE-93958088 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 551 JURONG WEST STREET 42 #06-249 |
| Postcode | 640551 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

Other Information

| | |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 2 |
| Passenger 1 | NAME: : - 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 3 BKE TWDS WOODLANDS CHECKPOINT AS IT WAS CONGESTED, VEHICLE B DID NOT GIVE WAY TO MY VEHICLE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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 | SLT1549E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

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.



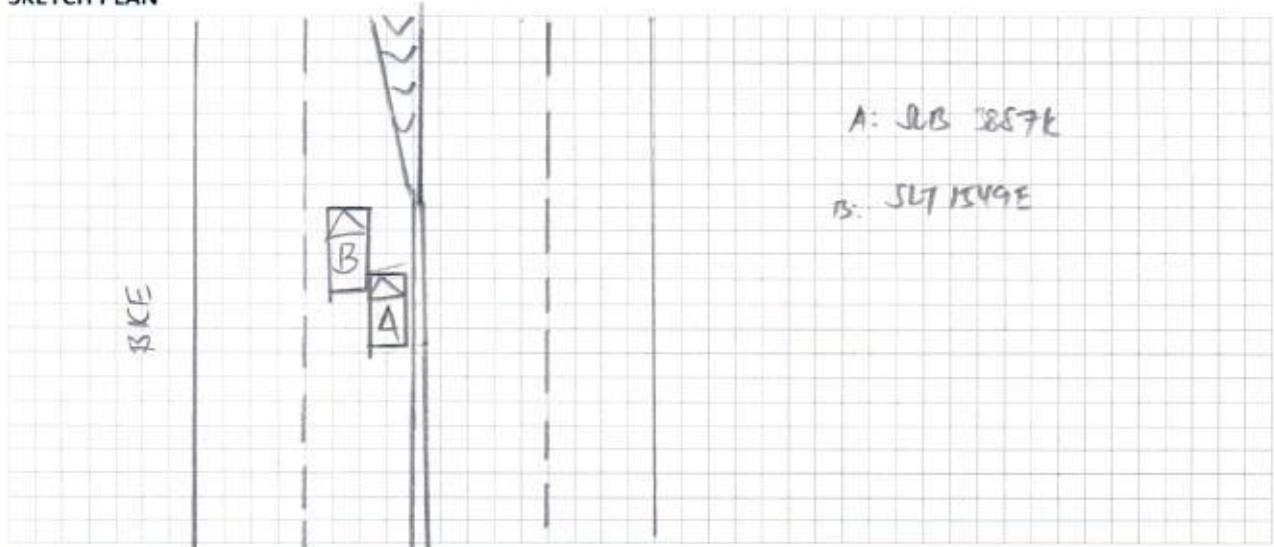
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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 DRIVING LICENCE

Licence Number: **S7869523D**

Name
CHEW SENG LONG

Birth Date: **22 Oct 1978**
Issue Date: **22 Sep 2010**

00109460611



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7869523D

Name
CHEW SENG LONG

周 成 龙

Race
CHINESE

Date of birth: **22-10-1978** Sex: **M**

Country of birth
MALAYSIA




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | EFFECTIVE DATE |
|--|----------------|
| C Class 2B Motorcycles <= 200 CC | 06 Aug 2009 |
| Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 21 Oct 2011 |

S7869523D

S / No. 9000153399

NP 426A

Licence No: S7869523D

9105794

NRIC No. **S7869523D**

Nationality
MALYSIAN

Date of issue
15-09-2010

Address
**APT BLK 551 JURONG WEST STREET 42
#06-249
SINGAPORE 640551**




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="21/09/2018 20:30"/> |
| Vehicle No.(For Motor) | <input type="text" value="SLB3887K"/> | Certificate Number | <input type="text"/> |

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5070042639-03 | | CHEW SENG LONG | 57869523D | GPC | drivo CLASSIC | SLB3887K | SLB3887K | 28/02/2018 | 27/02/2019 |

Continue

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|-------------------|----------------------------------|
| Policy No. | 5070042639-03 | Policyholder Name | CHEW SENG LONG | Policyholder NRIC | S7869523D |
| Certificate No. | | | | | |
| Address | BLK 551 #06-249 JURONG WEST STREET 42 SINGAPORE 640551 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 01/02/2018 | Effective Date | 28/02/2018 00:00 | Expiry Date | 27/02/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | Young/Inexperience Driver Excess |
| Agent | CHESSA INSURANCE AGENCIES | Agent Tel. | 68424331 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | BLK 551 #06-249 | Address 2 | JURONG WEST STREET 42 | Address 3 | SINGAPORE 640551 |
| Address 4 | | Address Type | Singapore address | Post Code | 640551 |
| Unit No. | 06-249 | Related Policy Number | 5070042639-03 | | |

Insured Object: SLB3887K

Endorsements

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

Continue Cancel

Claim Handling

Exit

Accident MT/1012574

| | | | | | |
|----------------------|---|----------------------|---|----------------------|-----------|
| Policy No. | 5070042639-03 | Vehicle No. | SLB3887K | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | CHEW SENG LONG | | | Policyholder NRIC | S7869523D |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No. (Mobile) | 93958088 | Contact No. (Office) | 0 | Contact No. (Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| KPK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 22/09/2018 16:52 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 21/09/2018 | Time of Accident (hh:mm) | 20:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BKE TWDS WOODLANDS CHECKPOINT | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 500.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | BLK 551 #05-249 | Address 2 | JURONG WEST STREET 42 | Address 3 | SINGAPORE 640551 |
| Address 4 | | Address Type | Singapore address | Post Code | 640551 |
| Unit No. | 05-249 | Related Policy Number | 5070042639-03 | | |

OI Driver Info

| | | | | | |
|---|---|----------------------|-----------------------|------------------------|------------------|
| Driver Name | CHEW SENG LONG | Driver Type | Main Driver | Driver DOB | 22/10/1978 |
| Unnamed driver Name | | Driver NRIC | S7869523D | Driving Experience | 6 |
| Register Date of Driver License | 21/10/2011 | Driver Age | 39 | Contact No. (Home) | 0 |
| Contact No. (Mobile) | 93958088 | Contact No. (Office) | 0 | Address 3 | SINGAPORE 640551 |
| Address 1 | BLK 551 | Address 2 | JURONG WEST STREET 42 | Post Code | 640551 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 05-249 | | | | |
| 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 **New**

| | | | | | | |
|--------------------------------|-------------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | CHEW SENG LONG | Insured NRIC | S7869523D | |
| Contact No. (Mobile) | NIL | Contact No. (Home) | NIL | Contact No. (Office) | | |
| Email Address | | OI Vehicle Number | SLB3887K | TP Vehicle Number | SLT1549E | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | | |
| Claimant Name * | | Claimant NRIC * | | | | |
| Claimant Address | | | | | | |
| Claim Description | SLB3887K / SLT1549E DN 21 Sept 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 | Received | |
| Date Registered | 22/09/2018 16:53 | Claim Close Date | | Date Received | 22/09/2018 00:00 | |
| Report Taken By | Jackson | | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1012574 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 22/09/2018 16:54 |

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | SAS | Normal | SAS 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:54 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:53 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:53 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:53 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:53 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:53 | Photos | Normal | Photos 2018-9-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 16:53 | Photos | Normal | Photos 2018-9-22 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|--|-------------|-----------|--------|--------|
| <input type="button" value="Display in new Window"/> <input type="button" value="Scan and uploading"/> | | | | |