

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA118 133172

| | | | |
|---------------------------|--|-----------------------|----------------|
| Date In: 12/10/18 - 15:46 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18018598/24 | SAS e-filing | | |
| Veh No: 68A 2122L | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 12/10/18 - 14:45 | i-Motor Claim Form | M7/1015520-001 | 13/10/18 17:53 |
| OD: TP 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: (

| | | | |
|-----------------------------|------------------------------------|---------|------|
| TP Particulars: | Veh No: 6Y4217S | Tel: | Fax: |
| Owner / Driver: (| INC () / Non-INC () | | |
| Policy No: (| Period: (| Tel: (| |
| Confirmed by: (| Cover Type: (| | |
| Insured/Driver Liability: (| Date: (| Time: (| |
| 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)

| | | |
|---|-----------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | Date & Time Completed | Done by |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1806563

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

| Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---|-------------|-----------|-----------|
| | | Est. Bill | Add. Bill |
| 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) NI: Idac DA + SMRT Survey | \$160 | | |
| 8) NTUC Additional Services: | | | |
| QD* | | | |
| *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 (N-n INC) against INC | \$20 | | |
| 9) N12: Idac Mobile | \$30 | | |
| Invoice dated | Fee Charged | | |
| Invoice dated | Fee Charged | | |

Auditors' Comments:

at 1:

at 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 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. 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 | 13/10/2018 15:46 |
| Date Of Accident | 13/10/2018 12:45 |
| Exact Location Of Accident | 65 CAVENAGH RD |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|--|
| Vehicle Registration Number | GBA2123L |
| Insured/Policyholder | |
| Name Of Registered Owner | TG DECOR PTE LTD |
| Co Reg No | 200613691Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62867139 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | DYNA 150 D |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5073002833-03 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GOVINDHARASU SUNDARAMOORTHY |
| Passport No/FIN | G8011922X |
| Date Of Birth | 04/06/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/03/2009 |
| Driving Experience | 9 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81148847 |
| Fax Number | |
| Contact Number | OFFICE-81148847 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | 53 UBI AVENUE 1 #06-19 PAYA UBI INDUSTRIAL PARK |
| Postcode | 408934 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | DRIZZLING |
| 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? | 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG CAVENAGH RD. VEHICLE B WAS TRAVELLING OPPOSITE DIRECTION OF CAVENAGH RD. SUDDENLY VEHICLE B SELF-SKIDDED DUE TO ROAD SURFACE WAS WET. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT 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 | GY4211S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MUHAMMAD SYAWAL BIN ABDUL MANAP |
| NRIC/Passport Number | S8817209D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------------|
| Name | GOVINDHARASU SUNDARAMOORTHY |
| Approximate Age | |
| Injuries Sustain | SHOUDER & LEG |
| Injured person in which vehicle? | GBA2123L |
| 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.

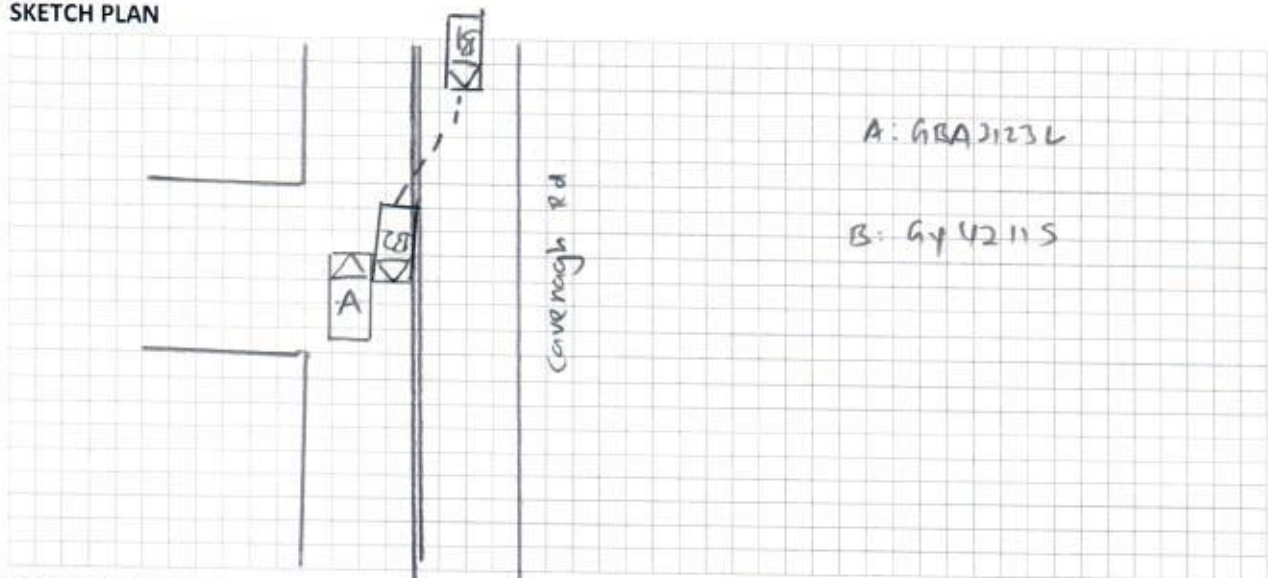


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



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.:

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employee
TG DECOR PTE. LTD.



Name
GOVINDHARASU SUNDARAMOORTHY


Work Permit No.
0 33757034

Sector
CONSTRUCTION



K0615631

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number
G8011922X

Name
GOVINDHARASU SUNDARAMOORTHY

Birth Date
04 Jun 1987

Issue Date
19 Feb 2014

Valid Till
16 Mar 2019



002276845H

VISIT PASS
Immigration Regulations

29-07-2018

Name
GOVINDHARASU SUNDARAMOORTHY

FIN
G8011922X

Date of Birth
04-06-1987

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Download SGWorkPass App to check status




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

EFFECTIVE DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 17 Mar 2009 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 17 Mar 2009 |

NP 428A

Licence No: G8011922X



eBaoTech

GeneralClaim

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)

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5073002833-03 | | TG DECOR PTE LTD | 2006136912 | GCV | Comprehensive | GBA2123L | GBA2123L | 17/08/2018 | 16/08/2019 |

Policy Information

| | | | | | |
|----------------------------------|--|-------------------|------------------|-------------------|------------------|
| Policy No. | 5073002833-03 | Policyholder Name | TG DECOR PTE LTD | Policyholder NRIC | 200613691Z |
| Certificate No. | | | | | |
| Address | 53 UBI AVENUE 1 #06-19 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI Plan | Group Policy Flag | N | | |
| Policy issue Date | 13/07/2018 | Effective Date | 17/08/2018 00:00 | Expiry Date | 16/08/2019 23:59 |
| Excess Type | All Claims Excess | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | OS Premium 0 | | | | |
| Outside Singapore OD Excess | Outside Singapore TP Excess | | | | |
| Young/Inexperience Driver Excess | | | | | |
| Agent | INSURED UNITED AGENCY PTE | Agent Tel. | 67441339 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|------------------------------|-----------|------------------|
| Address 1 | 53 UBI AVENUE 1 | Address 2 | #06-19 PAYA UBI INDUSTRIAL I | Address 3 | SINGAPORE 408934 |
| Address 4 | | Address Type | Singapore address | Post Code | 408934 |
| Unit No. | | Related Policy Number | 5073002833-03 | | |

Insured Object: GBA2123L

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue Cancel</div> | | | | |

Claim Handling

Accident MT/1015530

Exit

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | 5073002833-03 | Vehicle No. | GBA2123L | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TG DECOR PTE LTD | Cover Type | Comprehensive | Policyholder NRIC | 200613691Z |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Contact No.(Office) | 62867139 | Loading | 0 |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 13/10/2018 17:51 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 13/10/2018 | Time of Accident hh:mm | 12:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 65 CAVENAGH RD | | | | |

Excess

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|------------------------------|-----------|------------------|
| Address 1 | 53 UBI AVENUE 1 | Address 2 | #06-19 PAYA UBI INDUSTRIAL I | Address 3 | SINGAPORE 408934 |
| Address 4 | | Address Type | Singapore address | Post Code | 408934 |
| Unit No. | | Related Policy Number | 5073002833-03 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|--------------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 04/06/1987 |
| Unnamed driver Name | GOVINDHARASU SUNDARAHOC | Driver NRIC | GB011922X | Driving Experience | 9 |
| Register Date of Driver License | 17/03/2009 | Driver Age | 31 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 81148847 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 408934 |
| Address 1 | 53 UBI AVENUE 1 | Address 2 | PAYA UBI INDUSTRIAL PARK | Post Code | 408934 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 06-19 | | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | CO-MX | Insured Name | TG DECOR PTE LTD | Insured NRIC | 200613691Z |
| Contact No.(Mobile) | 82680840 | Contact No.(Home) | | Contact No.(Office) | 62867139 |
| Email Address | admin@tgdecor.com.sg | OI Vehicle Number | GBA2123L | TP Vehicle Number | GY42115 |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBA2123L / GY42115 ON 13 Oct 2018 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 13/10/2018 17:53 | Claim Close Date | | Date Received | 13/10/2018 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1015530 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 13/10/2018 17:54 |

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

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Attachment List

Send Message

Upload

▼ Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|---|-----------------------|---------|----------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | SAS | Normal | SAS 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:54 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:53 | Photos | Normal | Photos 2018-10-13 | | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:53 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:53 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:53 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:53 | Photos | Normal | Photos 2018-10-13 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Oct 2018 17:53 | Photos | Normal | Photos 2018-10-13 | | Edit |

▼ Video List

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