

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA118145209

| | | | |
|---------------------------|--|-----------------------|---------------|
| Date In: 9/11/18-14:49 | Job description | Date & Time Completed | Done by |
| Ref No: 49/14C18020369/24 | SAS e-filing | | |
| Veh No: 6041613J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 9/11/18-11:05 | i-Motor Claim Form | M7/10/19/137-001 | 9/11/18 19:35 |
| 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: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: JUE86184 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1807340 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Int Bill | Add Bill |
| 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:- | | |
| QC Checked by (Engr-In-Charge): | Q1: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11): TP (Non INC) against INC \$20 | | |
| | 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 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 | 09/11/2018 14:49 |
| Date Of Accident | 09/11/2018 11:05 |
| Exact Location Of Accident | PIE (TUAS) AFTER PAYA LEBAR RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBH1613J |
| Insured/Policyholder | |
| Name Of Registered Owner | ORCHID THAI CATHERING |
| Co Reg No | 52998136W |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96827824 |
| Alternative Phone No | OFFICE-96827824 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | HIACE VAN TURBO 5DR MT |
| 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 | 5098460957 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ZONG CHENGXIANG |
| Passport No/FIN | G2881670M |
| Date Of Birth | 08/05/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/12/2016 |
| Driving Experience | 1 YEAR AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93963148 |
| Fax Number | |
| Contact Number | OFFICE-93963148 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 1007 ALJUNIED AVENUE 4 #01-11 |
| Postcode | 389908 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| 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) | 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 LANE 4 PIE (TUAS) AFTER PAYA LEBAR RD EXIT. IN FRONT VEHICLE STOPPED SO I REACT ACCORDINGLY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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 | SLE8618Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TNG TECK WEI |
| NRIC/Passport Number | S9130873H |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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

Sketch plan area with grid lines and handwritten notes:

Vertical text on the left: PIE (70045)

Vertical text in the middle: A, B

Handwritten notes on the right:

A: 6B41613J

B: 5LE8618Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident area with horizontal lines and a diagonal line drawn across the middle.

Handwritten note at the top left: 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:

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Zong Chengxiang

License Number: **G2881670M**

ZONG CHENGXIANG

Birth Date: **08 May 1986**
 Issue Date: **14 Sep 2016**
 Valid Till: **13/09/2021**

Barcode: 002809333E

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

Employer: **ORCHID THAI CATERING**

Portrait photo of Zong Chengxiang

Name: **ZONG CHENGXIANG**
 Work Permit No.: **0 77227431**
 Sector: **SERVICE**

Barcode: K0634045

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

| Class | Motorcycles | Motor cars | Motor tractors/vehicles |
|----------|-------------|---|-------------------------|
| Class 2B | ≤ 200 cc | ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg | |
| Class 3 | | | |

EFFECTIVE DATE
 14 Sep 2016
 13 Dec 2016

G2881670M

S / No. 9000237521

Licence No: G2881670M

NP 428A

VISIT PASS
 Immigration Regulations

Name: **ZONG CHENGXIANG**

FIN: **G2681670M**

Date of Birth: **08-05-1986** Sex: **M**

Nationality: **CHINESE**

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

QR Code

Barcode

eBaoTech

General Claim

Hello, NAC_PAYA_UB1_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="09/11/2018 11:05"/> |
| Vehicle No. (For Motor) | <input type="text" value="GBH1613J"/> | 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"/> | 5098460957 | | ORCHID THAI CATERING | 52998136W | GCV | Comprehensive | GBH1613J | GBH1613J | 01/03/2018 | 28/02/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|----------------------|----------------------------------|------------------|
| Policy No. | 5098460957 | Policyholder Name | ORCHID THAI CATERING | Policyholder NRIC | 52998136W |
| Certificate No. | | | | | |
| Address | BLK 1007 #01-11 ALJUNIED AVENUE 4 SINGAPORE 389908 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | Group Policy Flag | N | | |
| Policy Issue Date | 01/03/2018 | Effective Date | 01/03/2018 00:00 | Expiry Date | 28/02/2019 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 | KHC HOLDINGS PTE LTD | Agent Tel. | 62538288 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 1007 #01-11 | Address 2 | ALJUNIED AVENUE 4 | Address 3 | SINGAPORE 389908 |
| Address 4 | | Address Type | Singapore address | Post Code | 389908 |
| Unit No. | | Related Policy Number | 5098460957 | | |

▶ Insured Object: GBH1613J

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1 | 01/03/2018 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 01 Mar 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: JTFHT02P500241628 ENGINE NUMBER: 1KD2791200 VEHICLE REGISTRATION NUMBER: GBH1613J |
| 2 | 01/03/2018 00:00 | Basic Information Endorsement | Entry Rejected | Thank you for giving us the opportunity to serve you. We confirm that from 01 Mar 2018, the following amendment(s) is/are made to this policy: |
| 3 | 01/03/2018 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 01 Mar 2018, the vehicle capacity is amended as follows: CAPACITY: 1.1 TONS |

Continue

Cancel

Claim Handling

- Exit.

Accident MT/1019157

| | | | | | |
|---|---|-------------------------------|---|------------------------|-----------------------------------|
| Policy No. | 5098460957 | Vehicle No. | GBH16133 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ORCHID THAI CATERING | | | Policyholder NRIC | 52990136W |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 96827824 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <div><div></div><div></div></div> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Endorsement(%) | 20 | Private Hire | No |
| ➤ Accident Details | | | | | |
| Report Date | 09/11/2018 19:24 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 09/11/2018 | Time of Accident hh:mm | 11:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE (TUAS) AFTER PAYA LEBAR RD EXIT | | | | |
| ➤ Excess | | | | | |
| Own damage Excess | 600.00 | 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 | BLK 1007 #01-11 | Address 2 | ALJUNIED AVENUE 4 | Address 3 | SINGAPORE 389908 |
| Address 4 | | Address Type | Singapore address | Post Code | 389908 |
| Unit No. | | Related Policy Number | 5098460957 | | |
| ➤ 01 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | ZONG CHENGXIANG | Driver NRIC | 02881670M | Driver DOB | 06/05/1985 |
| Register Date of Driver License | 13/12/2016 | Driver Age | 32 | Driving Experience | 1 |
| Contact No.(Mobile) | 97951148 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 1007 | Address 2 | ALJUNIED AVENUE 4 | Address 3 | ALJUNIED INDUSTRIAL ESTATE |
| Address 4 | SINGAPORE 389908 | Address Type | Singapore address | Post Code | 389908 |
| Unit No. | 01-11 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Modification History | | | | | |

Claims 001 New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type * | DD-MX | Insured Name | ORCHID THAI CATERING | Insured NRIC | S2998136W |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 90237824 |
| Email Address | | OT Vehicle Number | GBH16133 | TP Vehicle Number | SLE8618Y |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBH16133 / SLE8618Y ON 9 Nov 2018 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Prorisation | Yes | Preferred Repair Option | Preferred Workshop, name unknown | GIA report | Received |
| Date Registered | 09/11/2018 19:35 | Claim Close Date | | Date Received | 09/11/2018 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <div>Save Submit</div> | | | | | |

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1019152 | Claim No. | 001 |
| Lost Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 09/11/2018 19:38 |

| Path * | Category * | Confidential | Urgency * | Description * |
|---|--|--|--|----------------------|
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Mig Sent? (CO) | Action |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:38 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:37 | SAS | Normal | SAS 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:36 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:35 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:35 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:35 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:35 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:35 | Photos | Normal | Photos 2018-11-9 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:35 | Photos | Normal | Photos 2018-11-9 | | 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"/> | | | | |