

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) NA11814633

Date In: 12/11/18 - 17:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC180473/24	SAS e-filing		
Veh No: SKW509E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/11/18 - 13:00	i-Motor Claim Form	12/11/18 19:45:00	12/11/18 21:04
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: CB5478

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% P: 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

NA1807379

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

- 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) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- ON:
- \*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 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	12/11/2018 17:23
Date Of Accident	12/11/2018 13:00
Exact Location Of Accident	UBI RD 3 TWDS UBI AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5090E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PLATINUM MOTORING
Co Reg No	53356190J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97659745
Alternative Phone No	OFFICE-97659745

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5088310646-01
Cover Note Number	

### Driver

Name of Driver	WONG ZHEN ZHONG, BENJAMIN
NRIC No	S9016498H
Date Of Birth	16/05/1990
Occupation	INDOOR
Date Of Driving Pass	28/10/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90699095
Fax Number	
Contact Number	OFFICE-90699095
EMail Address	NOEMAIL

Address	BLK 779 PASIR RIS STREET 71 #13-570
Postcode	510779
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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

REFER TO STATEMENT.

#### 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	CB5472S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	EDDY HERNI BIN HASNAN
NRIC/Passport Number	S7621777G
Contact Number	98729180
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	WONG ZHEN ZHONG, BENJAMIN
------	---------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKW5090E

YES

NO



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to revoke 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:

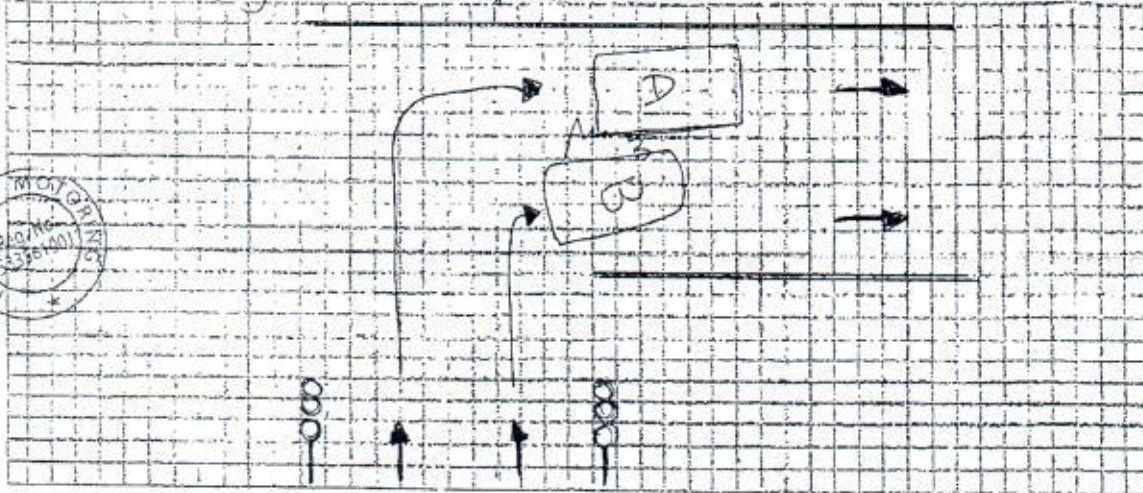
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Vehicle A: SKW5090E

Vehicle B: CB5472S

SKETCH PLAN Along Ubi Road 3, toward Ubi Ave 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Nov 2018, around 13:00, Along Ubi Road 3, towards Ubi Ave 1, vehicle A (SKW5090E) was making a right turn on the outer lane out of a 2 lane turn junction. Vehicle B (CB5472S) was on the inner lane:

As vehicle A (SKW5090E) completing the turn, vehicle B (CB5472S) was a bus couldn't complete the turn in its own lane thus filter into Vehicle A (SKW5090E) lane collided into vehicle A (SKW5090E) driver side rear wheel arc.

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.:



Date of Accident : 12 NOV 18 Accident Time: 13:00 (24-HR-Format)  
Accident Place : Along Ubi Road 3, towards Ubi Ave 1  
Vehicle Reg. No. (Car Plate No.) : SKW 5090E  
Vehicle Make/Model : MAZDA 3  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : Platinum Motoring  
Owner or Company Contact No. : 97659745 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : WONG, ZHEN ZHONG, BENJAMIN  
DRIVER'S Date Of Birth : 16/05/1990 DRIVER'S License Pass Date 28 Oct 2009  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 779 PASIR RIS STREET 71#13-570,  
S 510779  
DRIVER'S Contact No. / Alt No. : 1) 9069 9095 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : weiyuan0312@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1


Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: CB 5472S	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: EDDY HERNI BIN HASNAN	Name Driver: _____
IC No. Driver: S7621777G	IC No. Driver: _____
Driver's Contact & Add: 9872 9180	Driver's Contact & Add: _____



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9016498H



Name  
WONG ZHEN ZHONG,  
BENJAMIN  
黄 振 忠

Race  
CHINESE

Date of birth  
16-05-1990

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9016498H

Name  
WONG ZHEN ZHONG,  
BENJAMIN

Birth Date 16 May 1990

Issue Date 18 Oct 2012



002114938E



Driver

3717360





S9016498H

Date of issue  
21-05-2005

APT BLK 779 PASIR RIS STREET 71 #13-570  
SINGAPORE 510779

S9016498H

04/01/2014

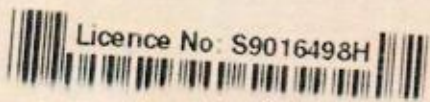
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3

Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE  
28 Oct 2009

NP 428A

Licence No: S9016498H



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5088310646-01

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : N/A  
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : PLATINUM MOTORING
3. Effective Date of Insurance : 01 Mar 2018
4. Expiry Date of Insurance : 28 Feb 2019
5. Persons or Classes of Persons entitled to drive\*  
Refer to List Attached  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use\*  
(a) Use only for Motor Trade purposes.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 4
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)


Date of Issue : 07 Feb 2018 11:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



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"/>	5088310646-01		PLATINUM MOTORING	53356190J	GMT	Third Party		FREDERICK NG JUN MING/S9400462D_WONG ZHEN ZHONG BENJAMIN/S9016498H_MAX OH QIN SHENG/S9331584G_TAN PAN WEI BENJAMIN/S9346954B	01/03/2018	28/02/2019

## Policy Information

Policy No.	5088310646-01	Policyholder Name	PLATINUM MOTORING	Policyholder NRIC	53356190J
Certificate No.					
Address	33 UBI AVENUE 3 #01-24 VERTEX SINGAPORE 408868				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/02/2018	Effective Date	01/03/2018 00:00	Expiry Date	28/02/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE (SINGAPORE) PTE. LTD.	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#01-24 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	01-24	Related Policy Number	5088310646-01		

Insured Object: FREDERICK NG JUN MING/S9400462D\_WONG ZHEN ZHONG BENJAMIN/S9016498H\_MAX OH QIN SHENG/S9331584G\_TAN PAN WEI BENJAMIN/S9346954B

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/07/2018 00:00	Basic Information Endorsement	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 26 Jul 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. OH KHUAN HONG In view of this amendment, an additional premium of \$169.01 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue Cancel



Claim Handling

Exit

Accident MT/1019450

Police No.	5088310646-01	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	PLATINUM MOTORING			Policyholder NRIC	S3356190J
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SKW500DE	Motor Trade Driver Name	WONG ZHEN ZHONG, BENJAMIN	Motor Trade Driver NRIC	S9016498H
Contact No.(Mobile)	90699095	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Report Date	12/11/2018 21:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	12/11/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	URI RD 3 TWDS UBI AVE 1				

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address			
Address 1	33 UBI AVENUE 3	Address 2	#01-24 VERTEX
Address 4		Address Type	Singapore address
Unit No.	01-24	Related Policy Number	5088310646-01
		Address 3	SINGAPORE 408868
		Post Code	408868

01 Driver Info			
Driver Name	WONG ZHEN ZHONG BENJAMIN	Driver Type	Named Driver
Unnamed Driver Name		Driver NRIC	S9016498H
Register Date of Driver License	28/10/2009	Driver Age	28
Contact No.(Mobile)	90699095	Contact No.(Office)	0
Address 1	BLK 779	Address 2	PASIR RIS STREET 71
Address 4		Address Type	Singapore address
Unit No.	13-570		
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	
		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	No Yes

Modification History

Claim 001 New

Claim Type *	OD-MIX	Insured Name	PLATINUM MOTORING	Insured NRIC	S3356190J	
Contact No.(Mobile)	93668262	Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OI		TP		
Claim Description	/ CBS4725 ON 12 Nov 2018		Vehicle Number	C854725	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Report No. Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received	
Date Registered	12/11/2018 21:04	Claim Close Date		Date Received	12/11/2018 00:00	
Report Taken By	JACKSON					

Print A4 letter

Save Submit

Attachment

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent/ (CO)	Action
NAC_PAYA_UBI_BDC601( NATIONAL ASSESSMENT CENTRE SERVICES) o		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-12		Edit

12 Nov 2018 21:05



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
12 Nov 2018 21:05

NRJC/ Driving License

Normal

NRJC/ Driving License 2018-11-12

[Edit](#)

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
12 Nov 2018 21:05

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Normal

SAS 2018-11-12

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12 Nov 2018 21:05

Photos

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Photos 2018-11-12

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12 Nov 2018 21:05

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12 Nov 2018 21:05

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12 Nov 2018 21:05

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12 Nov 2018 21:04

Photos

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Photos 2018-11-12

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12 Nov 2018 21:04

Photos

Normal

Photos 2018-11-12

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
12 Nov 2018 21:04

Photos

Normal

Photos 2018-11-12

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
12 Nov 2018 21:04

Photos

Normal

Photos 2018-11-12

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
12 Nov 2018 21:04

Photos

Normal

Photos 2018-11-12

[Edit](#)

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
12 Nov 2018 21:04

Photos

Normal

Photos 2018-11-12

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Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

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