

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 118157823.

| | | | |
|-----------------------------|--|-----------------------|---------------|
| Date In: 6/12/18 14:15 | Job description | Date & Time Completed | Done by |
| Ref No: NA 11MC 18021976/4. | SAS e-filing | | |
| Veh No: PA 6937M | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 16/11/18 17:20 | I-Motor Claim Form | MT/1021126-002 | 6/12/18 16:12 |
| OD / TP / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

Barrier.

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

Claimant's Particulars:

NA 1807980

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

Invoice Preparation Checklist

| | | | |
|---|------------|-------|--|
| 1) AR: Accident Reporting (\$30); | INC (\$80) | 30.00 | |
| 2) DA: Damage Assessment (\$100); | | | |
| 3) TP: 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: Idao DA + SMRT Survey | \$160 | | |
| 8) NTUC Additional Services:- | | | |
| OP: | | | |
| *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-in INC) against INC | \$20 | | |
| 9) N12: Idao Mobile | \$0 | | |

Invoice dated

Fee Charged

Invoice dated

Fee Charged

NA 1807980

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 | 06/12/2018 14:15 |
| Date Of Accident | 16/11/2018 17:20 |
| Exact Location Of Accident | ONE KM MALL MULTI CARPARK EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | PA6937M |
| Insured/Policyholder | |
| Name Of Registered Owner | THE NEW CHARIS MISSION |
| Co Reg No | T06SS0166B |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64833707 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5089655411-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | NG KENG LEONG |
| NRIC No | S1436975I |
| Date Of Birth | 01/09/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/06/2013 |
| Driving Experience | 5 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92751681 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 12 EUNOS CRESCENT #13-2791 |
| Postcode | 400012 |
| 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 | COLLIDED INTO PROPERTY |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | 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) | 6 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 4 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 5 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | |
| Vehicle Make/Model/Colour | BARRIER |

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 other third parties that assist in evaluating, investigating, controlling or managing fraud,
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (iii) for complying with requirements under any regulations, laws or court orders.
- THE NEW CHARIS MISSION**
Mailing Address
Thomson Road Post Office
P.O. Box 305, Singapore 915711
Location
11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub
Singapore 409074
Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
Email: office@tncm.org.sg

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

A = PA 6937 M.



One Km Mall Multi Carpark Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

THE NEW CHARIS MISSION

Mailing Address

Thomson Road Post Office
P.O. Box 305, Singapore 915711

Location

11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub

DECLARATION

I/we declare the foregoing particulars are true in every respect.
Tel: 6483 3707 Fax: 6483 3858 / 6742 2326
Email: office@tncm.org.sg

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.:

WHILE EXITING FROM THE ONE KM MALL MULTI CARPARK, AFTER SCAN THE CARPARK BARRIER MACHINE, WHEN I MOVE FORWARD BUT I NEVER NOTICED THE BARRIER HAVENT OPEN, AS THE RESULT, MY VEH TOUCH ONTO THE BARRIER, THE BARRIER NEVER DROP, NO DAMAGE AND ALSO NO BENT, THEN I REVERSED BACK MY VEH, THE BARRIER OPEN AND I MOVING OFF. I NEVER INFORM TO THE CARPARK MANAGEMENT DUE TO NO DAMAGE TO THE BARRIER. ON 05/12/2018, MY COMPANY RECEIVED A LETTER FROM NTUC INSURANCE REGARDING THE INCIDENT WITH THE BARRIER.

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 18) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: One Km mall, carpark mult: carpark Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 6937M
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: The new charis Mission. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 64833707.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Keng Leong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92751681
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: barrier. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = office@tncm.org.sg

fax = 64833658

VIDEO = No.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S14369751



Signature

NG KENG LEONG

吴景良

Race

CHINESE

Date of birth

01-09-1960

Country/Place of birth

SINGAPORE

Sex

M



6061257



NRIC No. S14369751

Date of issue

08-11-2018

Address

APT BLK 12 EUNOS CRESCENT
#13-2791
SINGAPORE 400012

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S14369751

Holder

NG KENG LEONG

Birth Date 01 Sep 1960

Issue Date 17 Jun 2013

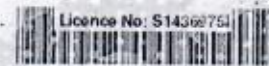


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 17 Jun 2013

NP 426A



Licence No: S14369751

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"/> | 5089655411-01 | | THE NEW CHARIS MISSION | T06SS0166B | GFT | Third Party, Fire & Theft | PA6937M | PA6937M | 01/04/2018 | |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------------|-------------------|------------------|
| Policy No. | 5089655411-01 | Policyholder Name | THE NEW CHARIS MISSION | Policyholder NRIC | T06SS0166B |
| Certificate No. | | | | | |
| Address | P O BOX 305 THOMSON ROAD POST OFFICE SINGAPORE 915711 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 29/03/2018 | Effective Date | 01/04/2018 00:00 | Expiry Date | 31/03/2019 23:59 |
| Third Party Excess | 3000 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | LOO KAY SIONG | Agent Tel. | 63379066 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-------------|-----------------------|--------------------------|-----------|------------------|
| Address 1 | P O BOX 305 | Address 2 | THOMSON ROAD POST OFFICE | Address 3 | SINGAPORE 915711 |
| Address 4 | | Address Type | Singapore address | Post Code | 915711 |
| Unit No. | | Related Policy Number | 5100798333 | | |

Insured Object: PA6937M

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---------------------|
| 1 | 01/04/2018 00:00 | Basic Information Endorsement | 000001286818998 | Endorsement Take Effective | update memo B |

Continue

Cancel

Claim Handling

Accident MT/1021126

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-------|
| Policy No. | 5089655411-01 | Vehicle No. | PA6937M | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | THE NEW CHARIS MISSION | | | Policyholder NRIC | T06SS |
| Product Code | FLEET INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KPK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

➤ Accident Details

| | | | | | |
|-------------------|--------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 23/11/2018 15:30 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 16/11/2018 | Time of Accident hh:mm | 17:21 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | LEVEL 4 EXIT KINEX | | | | |

➤ Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|------|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 3,000.00 | Outside Singapore TP Excess | | | |

➤ Benefits

➤ GST Registered Information

| | | | |
|----------------------|--|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 26/11/2018 09:18:11 Deborah Mui changed GST Status Verified from No to Yes | | |

➤ Policyholder Mailing Address

| | | | | | |
|-----------|-------------|-----------------------|--------------------------|-----------|-----------|
| Address 1 | P O BOX 305 | Address 2 | THOMSON ROAD POST OFFICE | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 91571 |
| Unit No. | | Related Policy Number | S100798333 | | |

➤ OI Driver Info

| | | | | | |
|---|--|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input type="radio"/> | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 **New**

| | | | |
|---|----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | THE NEW CHARIS MISSION |
| Contact No.(Mobile) | 98780637 | Contact No. (Home) | |
| Email Address | Kelyntay@tncm.org.sg | Vehicle Number | PA6937M |
| Claim Description | PA6937M / BARRIER ON 16 Nov 2018 | | |
| Preferred Workshop | 0 | Insured Liability | Fully at Fault |
| Submit No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 06/12/2018 16:11 |
| | | | LIOW SHAN HUI |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save **Submit**

Attachment

| | | | |
|--------------------|---|--------------|------------------|
| Accident No. | MT/1021126 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/12/2018 16:12 |
| Choose File | No file chosen | Category * | Please Select |
| | | Confidential | NO |
| | | Urgency * | Normal |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:12 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:12 | SAS | Normal | SAS 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:12 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:12 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:12 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:11 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:11 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:11 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:11 | Photos | Normal | Photos 2018-12-6 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Dec 2018 16:11 | Photos | Normal | Photos 2018-12-6 |

Video List

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