

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 17/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802574/13	SAS e-filing		
Veh No: SKUG1427	E-mail (within 8hrs; APC 2hrs)		
DOA: 15/12/18 1215	i-Motor Claim Form	MT/1024183	001
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: GBD432B 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

NA1805288	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
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			
QC Checked by (Engr-In-Charge):	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:-			
	OD*			
	*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			
Call 1:	9) N12: Idac Mobile \$0			
Call 2 / 3:	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	17/12/2018 14:22
Date Of Accident	15/12/2018 12:15
Exact Location Of Accident	JUNC OF GUILLEMARD RD & CASSIA LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6142T
Insured/Policyholder	
Name Of Registered Owner	TAY HUNG TUENG
NRIC No	S1176064C
Email Address	PHILTHT.PT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96167289
Alternative Phone No	OTHERS-96167289

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084748162-01
Cover Note Number	

Driver

Name of Driver	TAY HUNG TUENG
NRIC No	S1176064C
Date Of Birth	06/07/1956
Occupation	INDOOR
Date Of Driving Pass	24/11/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96167289
Fax Number	
Contact Number	OTHERS-96167289
Email Address	PHILTHT.PT@GMAIL.COM

Address	507 SEMBAWANG ROAD #02-52
Postcode	757709
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLOUDY
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181215/2096

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	GBD4232B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KHAIRULL SJAM BIN SABRI
NRIC/Passport Number	S7133511I
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.
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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.

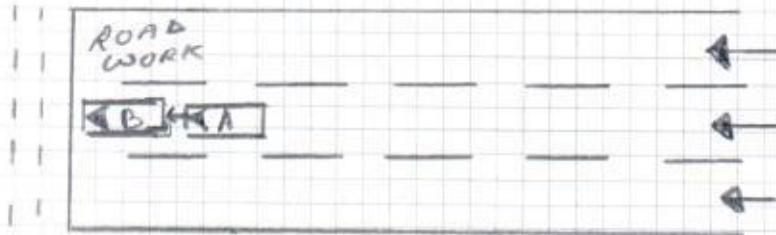

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN
CASSIA
LINK

GUILLEMERD ROAD



A-SKU6142T

B-GBD4232B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20181215/2096

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.:



**SINGAPORE
POLICE FORCE**



T/20181215/2096

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20181215/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2018 17:30	Vide Report No.:	Station Diary No.: 124
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Informant's Particulars

Name of Informant: TAY HUNG TUENG	Address: 507 SEMBAWANG ROAD #02-52 SINGAPORE 757709		
ID Type / ID No.: NRIC NO / S1176064C	Contact No.: Home/Office: Mobile: 96167289		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 62	Date of Birth: 06/07/1956	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Retail/Shop sales manager	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/12/2018 12:15	Type of Location: X-Junction
Location: Along Road 1 GUILLEMARD ROAD CASSIA LINK				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD4232B	Van					0
SKU6142T	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU6142T	NTUC Income Insurance Co-Operative Limited	5084748162-01	28/10/2017	27/04/2019



**SINGAPORE
POLICE FORCE**



T/20181215/2096

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20181215/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY HUNG TUENG	ID No.	S1176064C
Related Vehicle	NIL	Contact No.	96167289
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/12/2018 at about 1215hrs, I was driving along Guillemard Road towards Nicoll Highway on the extreme right lane. As the traffic was heavy and there were road works conducted on the said lane, I had signalled left to switch to the second lane and safely filtered to changed lane. Upon reaching the Traffic junction, the Cisco van which was in front of me had stopped as the lights had changed to red. I had also stopped at a safe distance behind the vehicle.

A few seconds later, the car to my left had moved off. As such, I had thought that the traffic lights had changed to green and I had stepped on my accelerator. Suddenly, I realised that the Cisco van had not moved off and I immediately stepped hard on my brakes. I had managed to stop on time however my front bumper had slightly hit the rear bumper of the said van.

I had alighted from my vehicle and spoke to the van's driver. The driver is on Khairull Sjam Bin Sabri, S7133511I. There was no one injured during the incident. There was only a slight crack on my number plate. There were no visible damaged to the Cisco Van. There is a camera installed at the rear of the van. I am lodging this report as requested by the Cisco personnel. That is all.



**SINGAPORE
POLICE FORCE**



T/20181215/2096

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20181215/2096

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
L /
Sgt 2 NUR RAUDHA BINTE SHEIKH ABDUL
NAZIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/12/2018 17:30

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of TAY HUNG TUENG

Licence Number: S1176064C

Name: TAY HUNG TUENG

Birth Date: 06 Jul 1956

Issue Date: 05 May 2008

Barcode: 001598913J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1176064C

Portrait of TAY HUNG TUENG

Name: TAY HUNG TUENG

郑 汉 忠

Race: CHINESE

Date of birth: 06-07-1956

Country/Place of birth: SINGAPORE

Sex: M

Small portrait of TAY HUNG TUENG

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

PASS DATE

Class 3 Motor Cars < 3500kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 24 Nov 1981

NP 4234

Licence No: S1176064C

5924840

Barcode

NRIC No: S1176064C

Portrait of TAY HUNG TUENG

Date of issue: 27-04-2018

Address: 507 SEMBAWANG ROAD #02-52 SINGAPORE 757709

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="15/12/2018 12:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SKU6142T"/>	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"/>	5084748162-01		TAY HUNG TUENG	S1176064C	GPC	drivo CLASSIC	SKU6142T	SKU6142T	28/10/2017	27/04/2019
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1024183

Policy No.	5084748162-01	Vehicle No.	SKU6142T	GST Registration No.
Certificate No.				
Policyholder Name	TAY HUNG TUENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96167289	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KIK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

➤ Accident Details

Report Date	17/12/2018 19:58	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/12/2018	Time of Accident hh:mm	12:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF GUILLEMARD RD & CASSIA LINK			

➤ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		0.00
Third Party Excess	0.00	Outside Singapore TP Excess		0.00

➤ Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

➤ GST Registered Information

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

➤ Policyholder Mailing Address

Address 1	507 SEMBAWANG ROAD	Address 2	#02-52 SELETARIS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5084748162-01	

➤ OI Driver Info

Driver Name	TAY TUNG TUENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1176064C	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	62	Driving Experience
Contact No.(Mobile)	96167289	Contact No.(Office)	0	Contact No.(Home)
Address 1	507 SEMBAWANG ROAD	Address 2	SELETARIS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-52			
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Com

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAY HU
Contact No.(Mobile)	96167289	Contact No. (Home)	675759
Email Address	philtht@singnet.com.sg	Vehicle Number	SKU614
Claim Description	SKU6142T / GBD4232B ON 15 Dec 2018		
Preferred Workshop		Insured Liability	Fully at Fault
Contact No. (Mobile)	Yes <input checked="" type="radio"/> No <input type="radio"/>	Preferred Repair Option	Preferred Workshop, Name unknown
Policy No.		GIA report	Received
Date Registered			17/12/2018 20:06
			Claim Close Date

Report Taken By

ROSLINDA

Workshop
Repairer

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1024183	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/12/2018 20:02
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:06	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:06	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:06	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:04	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:02	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2018 20:02	Photos	Normal	Photos ;

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
17 Dec 2018 20:02

Photos

Normal

Photos ↓

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
17 Dec 2018 20:02

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17 Dec 2018 20:02

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
17 Dec 2018 20:02

Photos

Normal

Photos ↓

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading