

NATIONAL Assessment Centre Services

Ver 1. Jan 2005

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 15/01/09 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19000901/13 | SAS e-filing | | |
| Veh No: YK7324X | E-mail (within 8hrs; AIC 2hrs) | | |
| DOA: 14/01/09 0800 | i-Motor Claim Form | MT/1027935-003 | |
| 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: SK768812 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1900469

| Claimant's Particulars :- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
|---------------------------------|---|-------------|----------|
| | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 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 30 | | |
| Auditors' Comments :- | Invoice dated | Fee Charged | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2/3: | | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| ACCIDENT STATEMENT | |
|--|--|
| Date Of Report | 15/01/2019 14:58 |
| Date Of Accident | 14/01/2019 08:00 |
| Exact Location Of Accident | HOUGANG AVE 8 BLK 510 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | YK7224X |
| Insured/Policyholder | |
| Name Of Registered Owner | ATLAS GLOBE SERVICES PTE. LTD. |
| Co Reg No | 201832181G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96503553 |
| Vehicle Particulars | |
| Manufacturer | NISSAN |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | OTW TO WORK |
| 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 |
| Fleet Policy | NO |
| Policy Number | 5104169374 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HOSSAIN MOHAMMAD SHAHADAT |
| Passport No/FIN | G7090301L |
| Date Of Birth | 10/01/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/10/2014 |
| Driving Experience | 4 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82981299 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | 26 JALAN BERSEH #15-156 KELANTAN COURT |
| Postcode | 200026 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| 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 PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190114/2080

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 | SKT6881Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GZ3189A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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/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:

[Signature]
15-01-2019
@ 1520 HRS.

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

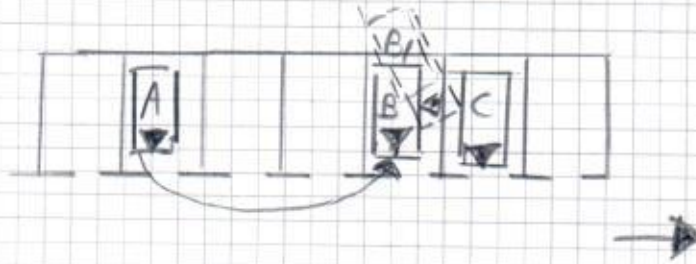
[Signature] 15/01/19

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

SKETCH PLAN

HOUGANG AVE & BLK 510 OPEN SPACE
CARPARK

A-YK7224X
B-SKT6881Z
C-GZ3189A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20190114/2080

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]
15-01-2019
@1520Hrs.
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 15/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190114/2080

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190114/2080

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|--|--|----------------------------|--|
| Date/Time Report Made: 14/01/2019 14:39 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MOHAMMAD SHAHADAT HOSSAIN | | | Address: 26 JALAN BERSEH #15-156 KELANTAN COURT SINGAPORE 200026 | | |
| ID Type / ID No.: FIN NO / G7090301L | | | Contact No.: Home/Office: Mobile: 82981299 | | |
| Nationality: BANGLADESHI | | | Email: | | |
| Sex: Male | Age: 40 | Date of Birth: 10/01/1979 | Type of Informant: Driver | | |
| Race: Bangala | | Language: | | Institution / School Name: | |
| Occupation: OTHERS | | Driving Licence Information: Class: 3 | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 14/01/2019 08:00 | Type of Location: Car Park |
| Location: Along Road 1 HOUGANG AVENUE 8 BLK 10 OPEN SPACE CARPARK | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Not Controlled | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|------------------|-----------------|
| YK7224X | Lorry | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190114/2080

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190114/2080

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------------|--|---------------------------------|
| Name | MOHAMMAD SHAHADAT HOSSAIN | ID No. | G7090301L |
| Related Vehicle | NIL | Contact No. | 82981266 |
| 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 THE ABOVE MENTIONED DATE & LOCATION

I WAS COMING OUT OF A OPEN SPACE CARPARK.AS I DROVE OUT FROM MY LOT,THE OTHER PARTY WAS 3 LOTS AWAY FROM MINE.UNFORTUNATELY I COLIDED ON THE CAR WHEN MAKING MY WAY OUT FROM THE CARPARK.

I WAS WAITING AT THE LOCATION ABOUT 5 MINS, AND LEFT BECAUSE I WAS RUSHING TO WORK AND HAVE TO ATTEND A MEETING.

AFTER FINISHING MY MEETING,I WENT BACK TO THE ACCIDENT LOCATION AGAIN, BUT THE CAR WAS NOT THERE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190114/2080

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190114/2080

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:
TP /
YOGENDRAN S/O RAJASAKARAN

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:


14-01-19

Date/Time:
14/01/2019 14:39

Classification Of Case:

 SINGAPORE
POLICE FORCE
Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **G7090301L**
 Name: **HOSSAIN MOHAMMAD SHAHADAT**
 Birth Date: **10 Jan 1979**
 Issue Date: **23 Oct 2014**
 Valid Till: **22 Oct 2019**

002357917E



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


 Name: **MOHAMMAD SHAHADAT HOSSAIN**
 Occupation: **RESIDENT TECHNICAL OFFICER**
 Employer: **LYL CONSULTANTS PTE. LTD.**
 FIN: **G7090301L**
 Date of Application: **31-10-2016**
 Date of Issue: **30-12-2016**
 Date of Expiry: **28-01-2020**



L7516368

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 23 Oct 2014


NP 428A

Licence No: G7090301L




VISIT PASS
Immigration Regulations

Name: **MOHAMMAD SHAHADAT HOSSAIN**

 Date of Birth: **10-01-1979** Sex: **M**
 FIN: **G7090301L** Date of Issue: **30-12-2016** Date of Expiry: **28-01-2020**


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



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="14/01/2019 08:00"/> |
| Vehicle No.(For Motor) | <input type="text" value="YK7224X"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|--------------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5104169374 | | ATLAS GLOBE SERVICES PTE. LTD. | 201832181G | GCV | Third Party | YK7224X | YK7224X | 28/09/2018 | 27/06/2019 |

Claim Handling

Accident MT/1027935

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5104169374 | Vehicle No. | YK7224X | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | ATLAS GLOBE SERVICES PTE. LTD. | | | Policyholder NRIC |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Third Party | Loading |
| Contact No.(Mobile) | NA | Contact No.(Office) | 96503553 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date | 15/01/2019 15:45 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 14/01/2019 | Time of Accident hh:mm | 08:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | HOU GANG AVE 8 BLK 510 OPEN SPACE CARPARK | | | |

▼ Excess

| | | | |
|-----------------------|------|-----------------------------|-------------------|
| 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 | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | 23 ALJUNIED ROAD | Address 2 | SINGAPORE 389808 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5104169374 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | HOSSAIN MOHAMMAD SHAHADU | Driver NRIC | G7090301L | Driver DOB |
| Register Date of Driver License | 23/10/2014 | Driver Age | 40 | Driving Experience |
| Contact No.(Mobile) | 82981299 | Contact No.(Office) | | Contact No.(Home) |
| Address 1 | BLK 26 #15-156 | Address 2 | JALAN BERSEH | Address 3 |
| Address 4 | SINGAPORE 200026 | Address Type | Singapore address | Post Code |
| Unit No. | 15-156 | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | 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 003 OD-MX

New

| | | | |
|--------------------------|-----------------------------------|----------------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | ATLAS |
| Contact No.(Mobile) | 96503553 | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | YK7224 |
| Claim Description | YK7224X / SKT6881Z ON 14 Jan 2019 | | |
| Preferred Workshop | Insured Liability | Fully at Fault | |
| Consent No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | Received | Claim Close Date | 15/01/2019 18:25 |
| Report Taken By | ROSINDA | Workshop Repairer | |

Print AK letter

Save Submit

Attachment



Accident No. MT/1027935 Claim No. 003
 Last Doc. Received ☒ Yes ☐ No Upload Date 15/01/2019 00:00

Path *

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

Choose File No file chosen

Message Read

Clear

Please Select

Confidential

NO

Clear

Please Select

NO

Clear

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NO

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NO

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NO

Clear

Please Select

NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|---|--|-----------------------|---------|-----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:24 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:24 | SAS | Normal | SAS 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:24 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:24 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:24 | Photos | Normal | Photos |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:23 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:23 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:23 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2019 18:23 | Photos | Normal | Photos |

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading