

NATIONAL Assessment Centre Services

Date In: 18/01/2019 13:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC1900151/K4	SAS e-filing		
Veh No: FBE3164R	E-mail (within 3hrs, Aft 2hrs)		
D.O.A: 26/12/2018 11:30	i-Motor Claim Form	MT/ 1025472-002	21/1/19 18:14
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: SMA5100C 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

Claimant's Particulars: NA1900634	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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: Idao 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	18/01/2019 13:32
Date Of Accident	26/12/2018 11:30
Exact Location Of Accident	ALONG NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBE3164R
Insured/Policyholder	
Name Of Registered Owner	NUR FAHANAH BTE MOHAMED HAKIM
NRIC No	S9907570H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97527406
Alternative Phone No	OTHERS-97527406
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098496304
Cover Note Number	
Driver	
Name of Driver	NUR FAHANAH BTE MOHAMED HAKIM
NRIC No	S9907570H
Date Of Birth	09/03/1999
Occupation	INDOOR
Date Of Driving Pass	22/02/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97527406
Fax Number	
Contact Number	OTHERS-97527406
Email Address	NOEMAIL

Address	BLK 56 PIPIT ROAD #07-20
Postcode	370056
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	NO COLLISION
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	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE 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	SMA5100C
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)	


SKETCH PLAN


IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

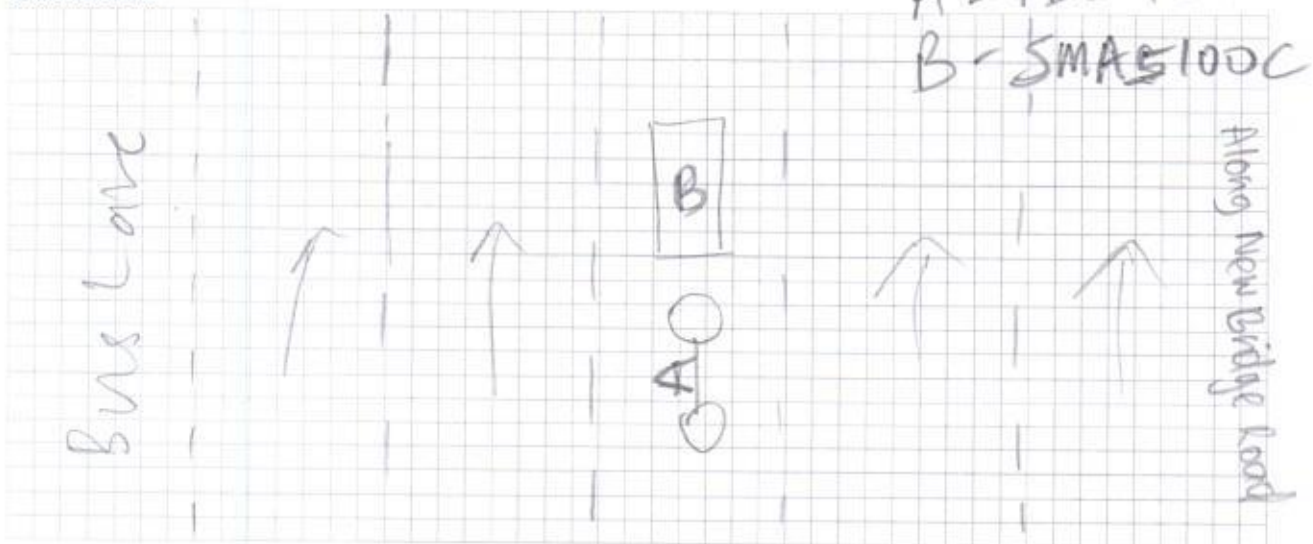
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorbike A was driving along new bridge road - Saw a car stopped in front which was car B. Motorbike A applied a jam brake - Motorbike A was unsure if she hit the car as she jam brake. Car B signal to the left and moved to the left. Did not give a sign that Motorbike A should stop Motorbike A was unsure as this is the first incident so as car B signal and moved off motorbike A moved off straight.

For information:

My bike's mudguard (front) has a crack earlier in 23 May 2018 due to a fall caused by myself at my house carpark.

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.:

Our Ref: MT/CA/TP/020/1025472-001/FS/AY

09 Jan 2019

NUR FAHANAH BTE MOHAMED HAKIM
BLK 56 #07-20
PIPIT ROAD
SINGAPORE 370056

**CERTIFICATE OF POSTING
REMINDER**

Dear Policyholder

CLAIM NUMBER: MT/1025472-001
ACCIDENT INVOLVING FBE3164R / SMA5100C on 26 Dec 2018

We refer to our letter of 28 Dec 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Fiona Shen at 6430 7923 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

Our Ref: MT/CA/TP/059/1025472-001/FS/VU

28 Dec 2018

NUR FAHANAH BTE MOHAMED HAKIM
BLK 56 #07-20
PIPIT ROAD
SINGAPORE 370056

Dear Policyholder

CLAIM NUMBER: MT/1025472-001
ACCIDENT INVOLVING FBE3164R / SMA5100C on 26 Dec 2018

We would like to inform you that a claim for S\$5,549.84 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9907570H**




Name
NUR FARHANAH BINTE MOHAMED HAKIM

Race
MALAY

Date of birth
09-03-1999

Country/Place of birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence No. **S9907570H**

NUR FARHANAH BINTE MOHAMED HAKIM

Date of Birth: **09 Mar 1999**
Issue Date: **22 Feb 2018**

 002775942B

5266882



NPIC No. **S9907570H**


Date of issue
07-02-2014


Address
**APT BLK 56 PIPIT ROAD
#07-20
SINGAPORE 370056**

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
22 Feb 2018

NP 428A

 Licence No: S9907570H

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="26/12/2018 11:30"/>							
Vehicle No.(For Motor)	<input type="text" value="FBE3164R"/>	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"/>	5098496304		NUR FAHANAH BTE MOHAMED HAKIM	S9907570H	GMC	Third Party	FBE3164R	FBE3164R	01/03/2018	28/02/2019
<input type="button" value="Continue"/>										

Claim Handling

» Task Transfer » Exit

▼ Accident MT/1025472

LOS SAL SUB

Policy No.	5098496304	Vehicle No.	FBE3164R	GST Registration No.	
Certificate No.					
Policyholder Name	NUR FAHANAH BTE MOHAMED HAKIM			Policyholder NRIC	S9907570H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	28/12/2018 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	26/12/2018	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NEW BRIDGE ROAD				

▼ 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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 56 #07-20	Address 2	PIPIT ROAD	Address 3	SINGAPORE 370056
Address 4		Address Type	Singapore address	Post Code	370056
Unit No.	07-20	Related Policy Number	5098496304		

▼ OI Driver Info

Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No. (Mobile)		Contact No. (Office)	
		Driver DOB	
		Driving Experience	
		Contact No. (Home)	

Claim Handling

Accident MT/1025472

Policy No.	5098496304	Vehicle No.	FBE3164R	GST Registration No.	
Certificate No.					
Policyholder Name	NUR FAHANAH BTE MOHAMED HAKIM			Policyholder NRIC	S990
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	28/12/2018 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	26/12/2018	Time of Accident hh:mm	11:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NEW BRIDGE ROAD				
▼ 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		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 56 #07-20	Address 2	PIPIIT ROAD	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	3700
Unit No.	07-20	Related Policy Number	5098496304		
▼ OI Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

Claim Handling

Accident MT/1025472

Policy No.	5098496304	Vehicle No.	FBE3164R	GST Registration No.	
Certificate No.					
Policyholder Name	NUR FAHANAH BTE MOHAMED HAKIM			Policyholder NRIC	S990
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	28/12/2018 10:31	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	26/12/2018	Time of Accident hh:mm	11:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NEW BRIDGE ROAD				
▼ 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			
Excess Type		Windscreen Excess			
All Claims Excess					
YIED All Claim Excess		Driver is Covered?			
Total All Claim Excess Applicable					

1/21/2019

Claim Handling(Claim Task)

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

TP Standard Excess

YIED TP Excess

Total TP Excess Applicable

Driver is Covered?

Address 1

BLK 56 #07-20

Address 2

PIPIT ROAD

Address 3

SING

Address 4

Address Type

Singapore address

Post Code

37001

Unit No.

07-20

Related Policy Number

5098496304

OT Driver Info

Driver Name

Unnamed driver Name

Register Date of Driver License

Contact No.(Mobile)

Address 1

Address 4

Unit No.

Does he own a Singapore Registered car?

Yes

No

Driver Type

Driver NRIC

Driver Age

Contact No.(Office)

Address 2

Address Type

Foreign address

Driver Vehicle No.

Driver DOB

Driving Experience

Contact No.(Home)

Address 3

Post Code

Driver Insurer Company

Modification History

Claim 002 OD-MX New

Claim Type *

OD-MX

Insured Name

NUR FAHANAH BTE MOHAMED

Contact No.(Mobile)

97527406

Contact No.(Home)

Email Address

DI

Vehicle Number

FBE3164R

Claim Description

FBE3164R / SMA5100C ON 26 Dec 2018

Preferred Workshop

Insured Liability

Fully at Fault

Repair Option

Preferred

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

21/01/2019 18:13

Claim Close Date

Report Taken By

LIEW SHAN HUI

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No.

MT/1025472

Claim No.

002

Last Doc. Received

Yes

No

Upload Date

21/01/2019 18:14

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

Category *

Confidential

Urgency *

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

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:14	SAS	Normal	SAS 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:14	Photos	Normal	Photos 2019-1-21
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 18:14	Photos	Normal	Photos 2019-1-21

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantEdit.do?caseId=2557874&objectId=0&taskInstanceId=0&taskId=0&tabCode=BOX013&readAllB... 2/3

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Jan 2019 18:13

Photos

Normal

Photos 2019-1-21

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading