





## 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	19/01/2019 11:04
Date Of Accident	30/12/2018 23:30
Exact Location Of Accident	JB CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2838Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MCT AUTO
Co Reg No	53386796K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103791247
Cover Note Number	-

### Driver

Name of Driver	WONG SOON WAH
NRIC No	S8635257E
Date Of Birth	23/11/1986
Occupation	INDOOR
Date Of Driving Pass	19/02/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93375258
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 506A YISHUN AVE 4 #08-160
Postcode	761506
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG JOHOR BAHRU TOWARDS SINGAPORE, WHILE ENTERING THE JB IMMIGRATION CUSTOM, THERE WAS A MERGING LANE, I WAS INFRONT OF VEH B (BEARING NO SKQ6093Y) ON THE LEFT LANE, SUDDENLY VEH B FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

#### 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	SKQ6093Y
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.
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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.:

Please Refer to statement

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



Sh.

*[Signature]*



**POLIS DIRAJA MALAYSIA****REPOT POLIS**

**Balai** : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R123364  
**Daerah** : J/BAHRU SELATAN  
**Kontinjen** : JOHOR  
**No Repot** : TRAFIK JOHOR BAHRU(S)/000519/19  
**Tarikh** : 06/01/2019  
**Waktu** : 1355 PM  
**Bahasa Diterima** : B. Malaysia

**Butir-butir Penerima Repot**

**Nama** : MOHAMAD JASRUL BIN JAFFRI FRANCIS **No Personel** : R173929 **Pangkat** : L/KPL  
**Butir-butir Jurubahasa (Jika Ada)**  
**Nama** : --- **No K/P (Baru)** : --- **No Polis/Tentera** : ---  
**No Paspot** : --- **Bahasa Asal** : ---  
**Alamat** : ---

**Butir-butir Pengadu**

**Nama** : WONG SOON WAH  
**No K/P (Baru)** : --- **No Polis/Tentera** : --- **No Paspot** : E6164151A  
**No Sijil Beranak** : ---  
**Jantina** : Lelaki **Tarikh Lahir** : 23/11/1986 **Umur** : 32 tahun 1 bulan  
**Keturunan** : Cina **Warganegara** : Singapore  
**Pekerjaan** : SWASTA  
**Alamat Tempat Tinggal** : APT BLK 506A YISHUAN AVENUE 4 , #08-160 SINGAPORE, 761506  
**Alamat Ibu/Bapa** : ---  
**Alamat Pejabat** : ---  
**No Tel (Rumah)** : --- **No Tel (Pejabat)** : --- **No Tel (HP)** : 6593375258

**Pengadu Menyatakan:-**

PADA 30/12/2018 JAM LEBIH KURANG 2330 MALAM, SAYA MEMANDU MOTOKAR NOMBOR SJR2838Z DARI JOHOR BAHRU HENDAK KE SINGAPURA . PADA KETIKA ITU, APABILA SAYA SAMPAI DI DALAM BANGUNAN BSI , SAYA SEDANG BERGERAK TERUS KETIKA ITU DI LORONG KANAN. TIBA-TIBA SEBUAH MOTOKAR SKQ6093Y DARI LORONG KIRI TUKAR LALUAN KE KANAN DAN MASUK KE LALUAN SAYA SECARA MENGEJUT DAN TELAH MELANGGAR KENDERAAN SAYA. DALAM KEJADIAN ITU, SAYA TIDAK MENGALAMI APA-APA KECEDERAAN. KEROSAKAN MOTOKAR SAYA IALAH MIUDGUARD BELAKANG KANAN, PINTU BELAKANG KANAN. LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA .

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

PEJ. SALINAN REPORT  
ID Pencetak | Tarikh | R5190818 | 06/01/2019 02:42:09 PM

SALINAN YANG DISAHKAN BENAR  
(HANYA UNTUK TUNTUTAN SIVIL)

KETUA TRAFIK DAERAH JOHOR BAHRU (S) JOHOR  
TIDAK BOLEH DIGUNAKAN UNTUK TUNTUTAN PERDAGANGAN



POLIS DIRAJA  
MALAYSIA

RESIT RASMI

Nombor Resit Induk : 0201002019P0000322  
Kaedah Bayaran : Tunai  
Nombor Siri : -  
Jumlah : RM4.00  
Tarikh Bayaran : 06/01/2019  
Pengeluar Resit : JOHOR BAHRU  
Nama : WONG SOON WAH  
Nombor K/P :  
Bilangan : 1 muka surat 1/1  
Nombor Resit Kecil : Jenis Kutipan RM  
1 0201002019L000560 REPOT KEMALANGAN 4  
000519/19



SILA SIMPAN RESIT UNTUK REKOD ANDA  
TERIMA KASIH  
370565R5819019P0140006030622180201010018  
KK/BPKS/10/600-2/1/2 (2)



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8635257E**  
 Name: **WONG SOON WAH**  
 Birth Date: **23 Nov 1986**  
 Issue Date: **19 Feb 2011**

001939193D

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S8635257E**



Name: **WONG SOON WAH**  
**黄 顺 华**  
 Race: **CHINESE**  
 Date of birth: **23-11-1986** Sex: **M**  
 Country of birth: **SINGAPORE**

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

Class 3 Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$

EFFECTIVE DATE: **19 Feb 2011**

NP 428A

Licence No: **S8635257E**

4879004



NRIC No: **S8635257E**



Date of Issue: **22-01-2011**

APT BLK 506A YISHUN AVENUE 4 #08-160  
 SINGAPORE 761506  
 NRIC No: **S8635257E** Date: **27/06/2018**

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="30/12/2018 11:03"/>							
Vehicle No.(For Motor)	<input type="text" value="SJR2838Z"/>	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"/>	5103791247		MCT AUTO	53386796K	GFT	Third Party	SJR2838Z	SJR2838Z	01/10/2018	
<input type="button" value="Continue"/>										



## ▼ Policy Information

Policy No.	5103791247	Policyholder Name	MCT AUTO	Policyholder NRIC	53386796K
Certificate No.					
Address	BLK 531A #04-113 UPPER CROSS STREET HONG LIM COMPLEX SINGAPORE 051531				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/09/2018	Effective Date	11/09/2018 00:00	Expiry Date	05/09/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5105687068		

## ► Insured Object: SJR2838Z

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/09/2018 00:00	Basic Information Endorsement	000001286912327	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGR7966P 28-09-2018 \$1,136.22 2. SJP7263J 28-09-2018 \$1,035.67 In view of this amendment, an additional premium of \$2,171.89 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	01/10/2018 00:00	Basic Information Endorsement	000001286913551	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL1946H 01-10-2018 \$1,126.28 2. SJP6590X 01-10-2018

Claim Handling

Accident MT/1028619

Policy No.	5103791247	Vehicle No.	SJR28382	GST Registration No.	
Certificate No.					
Policyholder Name	MCT AUTO			Policyholder NRIC	53381
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90088701	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	Yes
▼ Accident Details					
Report Date	19/01/2019 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	30/12/2018	Time of Accident hh:mm	23:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JB CUSTOM TWDS SINGAPORE				
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ 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 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	0515
Unit No.	04-113	Related Policy Number	5105687068		
▼ OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG SOON WAH	Driver NRIC	S8635257E	Driver DOB	23/11
Register Date of Driver License	19/02/2011	Driver Age	32	Driving Experience	7
Contact No.(Mobile)	93375258	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 506A #08-160	Address 2	YISHUN AVENUE 4	Address 3	ANGS
Address 4	SINGAPORE 761506	Address Type	Singapore address	Post Code	7615
Unit No.	08-160				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Handling

Accident MT/1028619

Policy No.	5103791247	Vehicle No.	SJR28382	GST Registration No.	
Certificate No.					
Policyholder Name	MCT AUTO			Policyholder NRIC	53381
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90088701	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	Yes
▼ Accident Details					
Report Date	19/01/2019 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	30/12/2018	Time of Accident hh:mm	23:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JB CUSTOM TWDS SINGAPORE				
▼ Excess					
Total Excess Applicable					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Excess Type		Windscreen Excess	0.00		



1/19/2019

Claim Handling(accident reporting Claim Task )

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

0.00

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	0515
Unit No.	04-113	Related Policy Number	5105687068		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG SOON WAH	Driver NRIC	S8635257E	Driver DOB	23/11
Register Date of Driver License	19/02/2011	Driver Age	32	Driving Experience	7
Contact No.(Mobile)	93375258	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 506A #08-160	Address 2	YISHUN AVENUE 4	Address 3	ANGE
Address 4	SINGAPORE 761506	Address Type	Singapore address	Post Code	7615
Unit No.	08-160				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MCT AUTO
Contact No.(Mobile)	98890085	Contact No. (Home)	
Email Address		Vehicle Number	SJR2838Z
Claim Description	SJR2838Z / SKQ6093Y ON 30 Dec 2018		
Preferred Workshop Finalisation	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/01/2019 16:06	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028619	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/01/2019 16:07
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-19	
	19 Jan 2019 16:07			

Video List

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:07	SAS	Normal	SAS 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:07	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:07	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:07	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2019 16:06	Photos	Normal	Photos 2019-1-19

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading