

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MNA 119009157.

| | | | |
|--|--|---------------------------|---------------|
| Date In: 19/1/19 13:52 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 19001229/64 | SAS e-filing | | |
| Veh No: SJN 6564H | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 12/1/19 18:20 | I-Motor Claim Form | MT/1028622 ⁰⁰¹ | 19/1/19 16:18 |
| OD: <input checked="" type="checkbox"/> 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 | | |

| | | |
|---|--|-----------------------|
| Profuted Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SLG 239 EK | INC () / Non-INC () |
| Owner / Driver: (| Tel: | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: () | [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] | |
| Year of Registration: () | Warranty: YES () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

| Remarks: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1900562 | Invoice Preparation Checklist | Amo (\$) | Amo (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wof 10 Jan 2003) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpl 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 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors Comments: | Invoice dated | Fee Charged | |
| Ref 1: | | | |
| Ref 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 | 19/01/2019 13:52 |
| Date Of Accident | 12/01/2019 18:20 |
| Exact Location Of Accident | TOA PAYOH CENTRAL CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJN6564H |
| Insured/Policyholder | |
| Name Of Registered Owner | YONG TAI WAI |
| NRIC No | S7108655J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97502727 |
| Alternative Phone No | OFFICE-97502727 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | ALPHARD |
| 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 CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5060111878-05 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YONG TAI WAI |
| NRIC No | S7108655J |
| Date Of Birth | 17/03/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/01/1992 |
| Driving Experience | 27 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97502727 |
| Fax Number | |
| Contact Number | OFFICE-97502727 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 27 TOA PAYOH EAST #11-184 |
| Postcode | 310027 |
| 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 | SIDE SWIPE |
| 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: : FEMALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

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

Circumstances of Accident

WHILE COMING DOWN FROM THE TOA PAYOH CENTRAL MULTI STOREY CARPARK TO THE MAIN ROAD, I NOTICED VEH B (BEARING NO SLG2398K) WAS FULLY STATIONARY INSIDE THE YELLOW BOX, WHEN I PROCEED TURN RIGHT INTO THE MAIN ROAD, SUDDENLY VEH B MOVE FORWARD 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 | SLG2398K |
| 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

A = SJN 6564H.
B = SLG 2398K

Toa Payoh Central Carpark

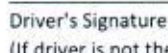
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7108655J



YONG TAI WAI

楊大衛

CHINESE

Date of Birth 17-03-1971

Country of Birth SINGAPORE

Sex M

S7108655J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Card No. S7108655J

YONG TAI WAI

Birth Date 17 Mar 1971

Issue Date 19 May 2003

000496553F

NRIC No. S7108655J



Blood Group O+

Date of issue 01-01-1992

APT BLK 27 TOA PAYOH EAST #11-184

SINGAPORE 310027

NRIC No. S7108655J

Date: 31-05-2004

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 31 Mar 1994 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 13 Oct 1995 |
| Class 2 | Motorcycles exceeding 400 cc | 24 Jul 1997 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 06 Jan 1992 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 20 Aug 1999 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 21 Oct 1999 |

Licence No. S7108655J

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="12/01/2019 13:50"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJN6564H"/> | 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"/> | 5060111878-05 | | YONG TAI WAI | S71086553 | GPC | drivo CLASSIC | SJN6564H | SJN6564H | 24/08/2018 | 23/08/2019 |

Claim Handling

Accident MT/1028622

| | | | | | |
|-----------------------------------|--|-------------------------------|---|----------------------|--------|
| Policy No. | 5060111878-05 | Vehicle No. | SJN6564H | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | YONG TAI WAI | | | Policyholder NRIC | S710 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 97502727 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 19/01/2019 16:12 | Accident Report Within 24 hrs | Yes | Accident Type | Side f |
| Date of Accident | 12/01/2019 | Time of Accident hh:mm | 18:20 | Country of Accident | Singa |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | TOA PAYOH CENTRAL CARPARK | | | | |
| Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.0 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| 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 27 #11-184 | Address 2 | TOA PAYOH EAST | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 3100 |
| Unit No. | | Related Policy Number | 5060111878-05 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|-------|
| Driver Name | YONG TAI WAI | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S7108655J | Driver DOB | 17/01 |
| Register Date of Driver License | 08/01/1992 | Driver Age | 47 | Driving Experience | 27 |
| Contact No.(Mobile) | 97502727 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 27 #11-184 | Address 2 | TOA PAYOH EAST | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 3100 |
| Unit No. | | | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

Claim Handling

Accident MT/1028622

| | | | | | |
|--------------------------------|---|-------------------------------|---|----------------------|--------|
| Policy No. | 5060111878-05 | Vehicle No. | SJN6564H | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | YONG TAI WAI | | | Policyholder NRIC | S710 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 97502727 | 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 | Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 19/01/2019 16:12 | Accident Report Within 24 hrs | Yes | Accident Type | Side f |
| Date of Accident | 12/01/2019 | Time of Accident hh:mm | 18:20 | Country of Accident | Singa |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | TOA PAYOH CENTRAL CARPARK | | | | |
| Excess | | | | | |
| Total Excess Applicable | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.0 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| Excess Type | | Windscreen Excess | 100.00 | | |

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 27 #11-184 | Address 2 | TOA PAYOH EAST | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 3100 |
| Unit No. | | Related Policy Number | 5060111878-05 | | |

OI Driver Info

| | | | | | |
|---|----------------|---------------------|-------------------|------------------------|-------|
| Driver Name | YONG TAI WAJ | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S7108655J | Driver DOB | 17/03 |
| Register Date of Driver License | 08/01/1992 | Driver Age | 47 | Driving Experience | 27 |
| Contact No.(Mobile) | 97502727 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 27 #11-184 | Address 2 | TOA PAYOH EAST | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 3100 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|--------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No |
|-------------------------------------|------|-------------|--------|

Modification History

Claim 001 OD-MX New

| | | | |
|-------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | YONG TAI WAJ |
| Contact No.(Mobile) | 97502727 | Contact No. (Home) | 62585318 |
| Email Address | | Vehicle Number | SJN6564H |
| Claim Description | SJN6564H / SLG2398K ON 12 Jan 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault |
| Report No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 19/01/2019 16:16 |
| | | Workshop Repairer | LIEW SHAN HUI |

Print AK letter

Save Submit

Attachment

| | | | |
|----------------------------|------------|---------------------|------------------------|
| Accident No. | MT/1028622 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 19/01/2019 16:18 |
| 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 16:18 | | | | |

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:18

SAS

Normal

SAS 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:18

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:18

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:18

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:18

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:16

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:16

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:16

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:16

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:16

Photos

Normal

Photos 2019-1-19

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Jan 2019 16:16

Photos

Normal

Photos 2019-1-19

Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading