

# NATIONAL Assessment Centre Services.

[wef 1 Jan'03]

MMA 119009315

Date In: 21/1/19 09:15	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19001248/164	SAS e-filing		
Veh No: SDG 5055A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/1/19 13:40	I-Motor Claim Form	MT/1028857	21/1/19 17:54
OD: (AP) 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: SMO 4243P	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 repairer.

( ) 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

NA1900587	Invoice Preparation Checklist	Amc (\$)	Abic (\$)
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		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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 (Inc on 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	21/01/2019 09:15
Date Of Accident	19/01/2019 13:40
Exact Location Of Accident	CANBERA VIEW THE VISIONAIRE BASEMENT CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDG5055A
Insured/Policyholder	
Name Of Registered Owner	VIRO KAUR
NRIC No	S2052164C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91282185
Alternative Phone No	OFFICE-91282185
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER PREMIUM 2.0 A
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	5075423385-03
Cover Note Number	-
Driver	
Name of Driver	VIRO KAUR
NRIC No	S2052164C
Date Of Birth	22/10/1953
Occupation	INDOOR
Date Of Driving Pass	03/10/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91282185
Fax Number	
Contact Number	OFFICE-91282185
Email Address	NOEMAIL

Address	65 ROSEWOOD DR #04-29
Postcode	737875
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
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

PLEASE REFER TO 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	SMD4243P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH VUI HAU
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	VIRO KAUR
------	-----------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SDG5055A

YES

NO



## 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:

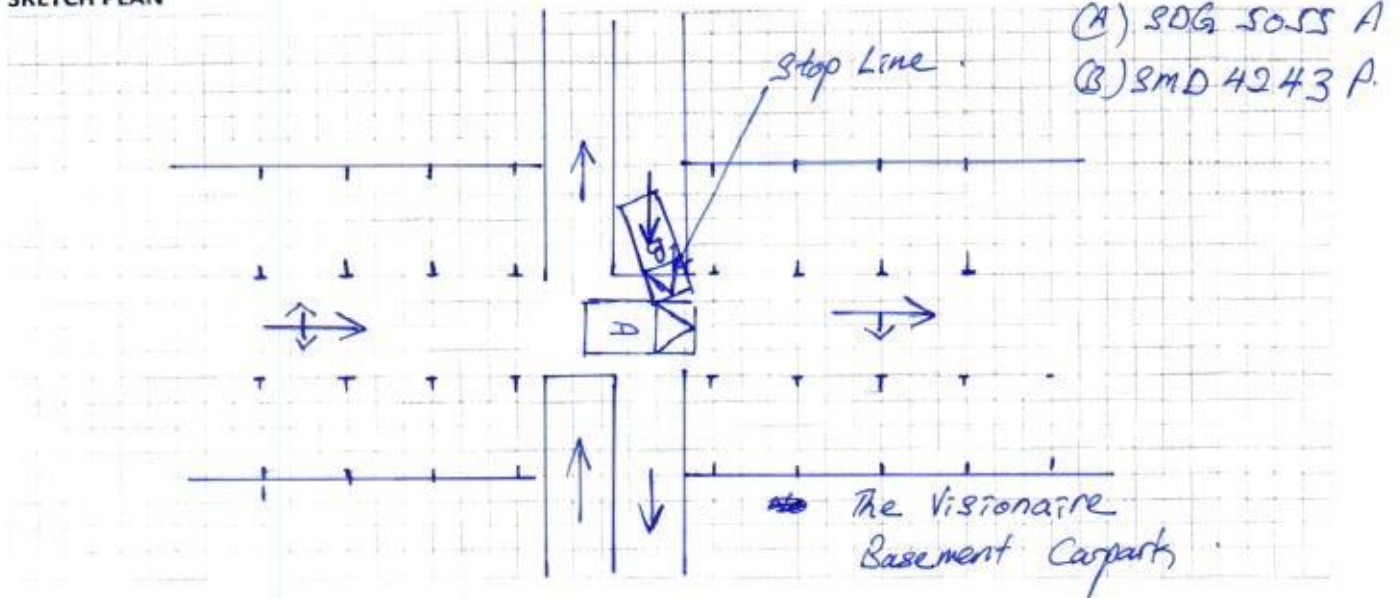
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 19/01/19 at @ 1340 hrs, I was travelling in my vehicle (SOG 5055 A) along the basement carpark of The Visionaire, heading straight to the exit. Suddenly, a car (SMD 4243 P) on my left, did not stop at the stop line to give way to me. As a result, the said vehicle collided onto the left side of my vehicle

## 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.:



Vehicle No.	SDG 5055 A Model / Make Toyota <i>harriser</i>		
Date of Accident	19/01/19.		
Time of Accident	13 <del>40</del> HRS		
Location of Accident	Canberra View (The Visionaire Basement Carpark)		
Exact purpose use during accident	Private Use.		
Name of Owner	Viro Kaur		
Telephone No.	H/P: 9128 2185	Home:	Office:
NRIC	S 2052 164 C.		
Address	65, Rosewood Drive #04-29 (S) 737 & 75.		
Claim type	OD	THIRD PARTY REPORTING ONLY	
Insurance Company	NJC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5075423385-03		
Name of Driver	As Above If No,		
NRIC	Any Passengers: N.A.		
Date of birth	22/10/1953		
Occupation	Outdoor	Indoor	
Driving License Pass Date	03/10/1986		
Gender	Male	Female	
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	owner
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	Viro Kaur
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SMD 4243P	Any Passengers: 03 (F)	
Name of Driver	Teh Vui Hau	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact: N.A.	
Accident Portion	Left side		
Camera Recorder	Yes/No		
Email Address	viro53@hotmail.com		

PARTICULAR WORKSHOP	TwinCar
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Hui Xian
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2052164C**

Name: **VIRO KAUR**

Birth Date: **22 Oct 1953**

Issue Date: **04 Aug 2003**

1000714567F




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S2052164C**

Name: **VIRO KAUR**

Race: **SIKH**

Date of Birth: **22-10-1953**

Country of Birth: **INDIA**

Sex: **F**






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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Oct 1986

NP 428A

Licence No: S2052164C



2258903

NRIC No: **S2052164C**

Blood Group: **O+**

Date of issue: **10-08-1994**

**65 ROSEWOOD DRIVE #04-29**

**SINGAPORE 737875**

NRIC No: **S2052164C**

Date: **03/11/2011**

No: **6879979**






## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5075423385-03

**Cover :** drive PREMIUM

- |   |                |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle  | : SDG5055A     |
| Chassis Number  | : ZSU600057043 |
| 2. Name of Policyholder   | : VIRO KAUR    |
| 3. Effective Date of Insurance  | : 06 Nov 2018  |
| 4. Expiry Date of Insurance   | : 05 Nov 2019  |
| 5. Persons or Classes of Persons entitled to drive#   |                |
| (a) The Policyholder.   |                |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                |
| 6. Limitations as to Use#   |                |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: VIRO KAUR
NAMED DRIVER (1)	: KALBIR SINGH
NAMED DRIVER (2)	: JASPREET RANDHAWA D/O KALBIR SINGH
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHUAN LEE ENTERPRISES PTE. LTD. (00000572826)  
Date of Issue : 08 Oct 2018 13:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1028857

Policy No.	5075423385-03	Vehicle No.	SDG5055A	GST Registration No.	
Certificate No.					
Policyholder Name	VIRO KAUR			Policyholder NRIC	S205
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	91282185	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	21/01/2019 17:51	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	19/01/2019	Time of Accident hh:mm	13:40	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	CANBERA VIEW THE VISIONAIRE BASEMENT 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	65 ROSEWOOD DRIVE	Address 2	#04-29 ROSEWOOD SUITES	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7378
Unit No.		Related Policy Number	5075423385-03		
▼ OI Driver Info					
Driver Name	VIRO KAUR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2052164C	Driver DOB	22/10
Register Date of Driver License	03/10/1986	Driver Age	65	Driving Experience	32
Contact No.(Mobile)	91282185	Contact No.(Office)		Contact No.(Home)	
Address 1	65 ROSEWOOD DRIVE	Address 2	#04-29 ROSEWOOD SUITES	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7378
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 checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Handling

Accident MT/1028857

Policy No.	5075423385-03	Vehicle No.	SDG5055A	GST Registration No.	
Certificate No.					
Policyholder Name	VIRO KAUR			Policyholder NRIC	S205
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	91282185	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
▼ Accident Details					
Report Date	21/01/2019 17:51	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	19/01/2019	Time of Accident hh:mm	13:40	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	CANBERA VIEW THE VISIONAIRE BASEMENT 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		



All Claims Excess		Driver is Covered?	
YIED All Claim Excess			
Total All Claim Excess Applicable		TP Standard Excess	
OD Standard Excess		YIED TP Excess	Driver is Covered?
YIED OD Excess			
Additional Excess	0.00		
Total OD Excess Applicable		Total TP Excess Applicable	

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	65 ROSEWOOD DRIVE	Address 2	#04-29 ROSEWOOD SUITES	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	7378
Unit No.		Related Policy Number	5075423385-03		

OI Driver Info

Driver Name	VIRO KAUR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2052164C	Driver DOB	22/11
Register Date of Driver License	03/10/1986	Driver Age	65	Driving Experience	32
Contact No.(Mobile)	91282185	Contact No.(Office)		Contact No.(Home)	
Address 1	65 ROSEWOOD DRIVE	Address 2	#04-29 ROSEWOOD SUITES	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	7378
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	VIRO KAUR
Contact No.(Mobile)	91282185	Contact No. (Home)	63678931
Email Address	KALBIR_SINGH_VIRO@MOE.ED	OI Vehicle Number	SDG5055A
Claim Description	SDG5055A / SMD4243P ON 19 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/01/2019 17:53
		Workshop Repairer	LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1028857	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/01/2019 17:54
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 2019-1-21
	21 Jan 2019 17:54			



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:54

SAS

Normal

SAS 2019-1-21

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:54

Photos

Normal

Photos 2019-1-21

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Photos 2019-1-21

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 17:53

Photos

Normal

Photos 2019-1-21

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading