

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MWA 119013256

Date In: 28/1/19 16:16	Job description	Date & Time Completed	Done by
Ref No: NA1 INC19001824/64	SAS e-filing		
Veh No: STV 9341Y	E-mail (within 3hrs, AIC 2hrs)		
H.O.A: 27/1/19 16:15	I-Motor Claim Form	MT/1029844-001	28/1/19 17:13
(O) (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

JRK 2105

INC () / Non-INC ()

Tel:

Owner / Driver: (

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: (INC hotline: 6788 4616)

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

NA1900766

Invoice Particulars	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (ver 10 Jan 2009)		
6) TR: Re-inspection	\$75	
7) N1: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
QD:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
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	28/01/2019 16:16
Date Of Accident	27/01/2019 16:15
Exact Location Of Accident	JLN INDAH 15/3 TAMAN BUKIT INDAH (JB)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV9341Y
Insured/Policyholder	
Name Of Registered Owner	KHOO CHONG WEI
NRIC No	G3254884P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96129315
Alternative Phone No	OFFICE-96129315

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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	5097014479
Cover Note Number	-

Driver

Name of Driver	KHOO CHONG WEI
NRIC No	G3254884P
Date Of Birth	16/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96129315
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 134 BEDOK RESERVOIR #03-1225
Postcode	470134
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 - HEAD ON 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?	
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)	2
Passenger 1	NAME: : YEONG BAO YI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRK2105
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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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.:

Diagram of a road intersection:

A = SJV 9341Y.
B = JKK 2105.

Jalan Indan 1513
JB

Please Refer to Police Report

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



**SINGAPORE
POLICE FORCE**



G/20190128/2100

1 of 2

POLICE REPORT (NP299)

Report No. G/20190128/2100

Police Station Of Origin
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Date/Time Report Made 28/01/2019 15:30	Vide Report No.	Station Diary No. 24		
Name Of Informant KHOO CHONG WEI	Address APT BLK 134 BEDOK RESERVOIR #03-1225 SINGAPORE 470134			
ID Type / ID No. FIN NO / G3254884P	Contact No. Home/Office	Mobile 96129315		
Nationality MALAYSIAN	Email Address			
Occupation SALES EXECUTIVE	Sex Male	Age 27	Date of Birth 16/01/1992	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 27/01/2019 16:15	Location Of Incident JALAN INDAH 15/3, TAMAN BUKIT INDAH MALAYSIA			

Brief details.

On 27/1/2019 at about 1615hrs while in Malayisa, travelling in my vehicle, SJV9341Y along JALAN INDAH 15/3, TAMAN BUKIT INDAH, a vehicle JRK2105 from the opposite direction went out of the center divider line and collided onto my vehicle head-on. The driver(Tiffany, hp:+60127278859) and me then went to the local police station in Malaysia to make a police report of the incident.

I did not suffer any injuries from the accident however the front right portion of my vehicle causing scratches and dents in the affected area. was damaged with

Signature Of Officer Recording The Report: G / Sgt 1 SHAUN CHUA YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 15:30
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp DELVIN NG HAN WEI Contact No.: 62440000	Classification Of Case:

Authentication Stamp

8



**SINGAPORE
POLICE FORCE**



G/20190128/2100

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190128/2100

I wish to further state that I was 1 other passenger namely, Yeong Bao Yi (hp: 96380677)
I am lodging this report for insurance claims.

Signature Of Officer Recording The Report:

G / Sgt 1 SHAUN CHUA YONG QUAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp DELVIN NG HAN WEI
Contact No.: 62440000

Signature Of Informant:

Date/Time:
28/01/2019 15:30

Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3254884P**

Name: **KHOO CHONG WEI**

Birth Date: **16 Jan 1992**

Issue Date: **23 Dec 2016**

Valid Till: **22/12/2021**

002641G63H



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

Employer: **MAYER MARKETING PTE LTD**

Name: **KHOO CHONG WEI**
Occupation: **SALES EXECUTIVE**

FIN: **G3254884P**

Date of Application: **12-12-2017**
Date of Issue: **17-01-2018**
Date of Expiry: **26-02-2021**

L8573585



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

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

EFFECTIVE DATE

23 Dec 2016

Licence No: G3254884P



NP 428A

VISIT PASS
Immigration Regulations

Name: **KHOO CHONG WEI**

Date of Birth: **16-01-1992** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G3254884P** Date of Issue: **17-01-2018** Date of Expiry: **26-02-2021**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/01/2019 16:08"/>
Vehicle No.(For Motor)	<input type="text" value="SJV9341Y"/>	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"/>	5097014479		KHOO CHONG WEI	G3254884P	GPC	drive CLASSIC	SJV9341Y	SJV9341Y	18/12/2017	22/02/2019

Claim Handling

Accident MT/1029844

Policy No.	5097014479	Vehicle No.	SJV9341Y	GST Registration No.	
Certificate No.				Policyholder NRIC	G325
Policyholder Name	KHOO CHONG WEI	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96129315	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	28/01/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	27/01/2019	Time of Accident hh:mm	16:15	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN INDAH 15/3 TAMAN BUKIT INDAH (JB)				
▼ 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 134 #03-1225	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNC
Address 4	SINGAPORE 470134	Address Type	Singapore address	Post Code	4701
Unit No.	03-1225	Related Policy Number	5097014479		
▼ OI Driver Info					
Driver Name	KHOO CHONG WEI	Driver Type	Main Driver	Driver DOB	16/03
Unnamed driver Name		Driver NRIC	G3254884P	Driving Experience	2
Register Date of Driver License	23/12/2016	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	96129315	Contact No.(Office)		Address 3	EUNC
Address 1	BLK 134 #03-1225	Address 2	BEDOK RESERVOIR ROAD	Post Code	4701
Address 4	SINGAPORE 470134	Address Type	Singapore address		
Unit No.	03-1225				
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

New

Claim Handling

Accident MT/1029844

Policy No.	5097014479	Vehicle No.	SJV9341Y	GST Registration No.	
Certificate No.				Policyholder NRIC	G325
Policyholder Name	KHOO CHONG WEI	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	96129315	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	28/01/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	27/01/2019	Time of Accident hh:mm	16:15	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN INDAH 15/3 TAMAN BUKIT INDAH (JB)				
▼ 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		

1/28/2019

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 134 #03-1225	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNC
Address 4	SINGAPORE 470134	Address Type	Singapore address	Post Code	4701
Unit No.	03-1225	Related Policy Number	5097014479		

O1 Driver Info

Driver Name	KHOO CHONG WEI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G3254884P	Driver DOB	16/01
Register Date of Driver License	23/12/2016	Driver Age	27	Driving Experience	2
Contact No.(Mobile)	96129315	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 134 #03-1225	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNC
Address 4	SINGAPORE 470134	Address Type	Singapore address	Post Code	4701
Unit No.	03-1225				
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KHOO CHONG WEI
Contact No.(Mobile)	NIL	Contact No. (Home)	NIL
Email Address		Vehicle Number	SJV9341Y
Claim Description	SVJ9341Y / JRK2105 ON 27 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	28/01/2019 17:12	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1029844	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/01/2019 17:13
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 2019-1-28	



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:13

SAS

Normal

SAS 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:13

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:13

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:13

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:13

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

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28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
28 Jan 2019 17:12

Photos

Normal

Photos 2019-1-28

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading