

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA 119014369.

Date In: 30/1/19 15:05	Job description	Date & Time Completed	Done by
Ref No: MNA/INC19002005/64	SAS e-filing		
Veh No: 5GT 3713T	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/1/19 18:25	I-Motor Claim Form	MT/1030236001	30/1/19 18:22
OD / <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FY 9815D.	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: (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:	Invoice Particulars	Am't (\$)	Ref. Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idao Mobile 30		
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	30/01/2019 15:05
Date Of Accident	29/01/2019 18:25
Exact Location Of Accident	ROCHOR CANAL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGT3713T
Insured/Policyholder	
Name Of Registered Owner	I DRAGONFLY
Co Reg No	53351959D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91167235
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086891611-01
Cover Note Number	-
Driver	
Name of Driver	LIM YEOW HENG
NRIC No	S1498406B
Date Of Birth	24/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91167235
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 313 TAMPINES ST 33 #07-28
Postcode	520313
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 TO REAR
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

I WAS TRAVELLING ALONG ROCHOR CANAL RD, THE TRAFFIC WAS CONGESTED. WHEN I NOTICED FRONT VEH SLOW DOWN & STOP, I FOLLOW TO SLOW DOWN AND STOP, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED MOTORCYCLE (BEARING NO FY9815D) FROM BEHIND COLLIDED ONTO MY VEH RIGHT REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY9815D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 = SGT 3713T
B = FY 9815D

Rochor Canal Rd

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.:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of I DRAGONFLY (53351959D)

Date: 07/06/2017

The Following Are The Brief Particulars of :

Name of Business	I DRAGONFLY
Former Name(s) if any	
Date of Change of Name	
Registration No.	53351959D
Registration Date	09/12/2016
Commencement Date	09/12/2016
Status of Business	Live
Status Date	09/12/2016
Renewal Date	
Expiry Date	09/12/2019
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	313 TAMPINES STREET 33 #07-28 SINGAPORE (520313)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
------	----	-------------	---------	----------------	---------------------

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry
					Position

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of I DRAGONFLY (53351959D)

Date: 07/06/2017

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position
LIM YEOW HENG	S1498406B	SINGAPORE CITIZEN	313 TAMPINES STREET 33 #07-28 SINGAPORE (520313)	ACRA	09/12/2016 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA170607130216

DATE : 07/06/2017

This is computer generated. Hence no signature required.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1498406B




Name
LIM YEOW HENG

Race
林耀兴

CHINESE

Date of Birth
24-08-1961

Country of Birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1498406B**

Name
LIM YEOW HENG

Birth Date: **24 Aug 1961**

Issue Date: **12 Aug 2003**




1077382




NRIC No. **S1498406B**

Blood Group **O+** Date of issue **01-07-1993**

Address
**APT BLK 313 TAMMIES STREET 31 07-28
SINGAPORE 12133**

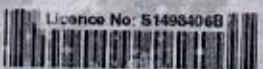
NRIC No. **S1498406B** Date: **16-09-1999** No: **2933395**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Apr 1992
Class 2A	Motorcycles between 201 cc and 400 cc	07 Sep 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jul 1996

NP 428A

Licence No: **S1498406B**



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="29/01/2019 14:58"/>							
Vehicle No.(For Motor)	<input type="text" value="SGT3713T"/>	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"/>	5086891611-01		I DRAGONFLY	53351959D	GPC	drivo CLASSIC	SGT3713T	SGT3713T	10/04/2018	09/04/2019
<input type="button" value="Continue"/>										

1/30/2019

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1030236

Policy No.	5086891611-01	Vehicle No.	SGT3713T	GST Registration No.		
Certificate No.						
Policyholder Name	1 DRAGONFLY			Policyholder NRIC	5335	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Mobile)	91167235	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(%)	50	Private Hire	Yes	
▼ Accident Details						
Report Date	30/01/2019 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collisi	
Date of Accident	29/01/2019	Time of Accident hh:mm	18:25	Country of Accident	Singa	
Reporting Centre		Orange Force		ICM No.		
Accident Location	ROCHOR CANAL ROAD					
▼ Excess						
Own damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess			Outside Singapore OD Excess	2,000.00		
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 313 #07-28	Address 2	TAMPINES STREET 33	Address 3	SING.	
Address 4		Address Type	Singapore address	Post Code	5203	
Unit No.	07-28	Related Policy Number	5086891611-01			
▼ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	LIM YEOW HENG	Driver NRIC	S149B406B	Driver DOB	24/01	
Register Date of Driver License	29/07/1996	Driver Age	57	Driving Experience	22	
Contact No.(Mobile)	91167235	Contact No.(Office)		Contact No.(Home)		
Address 1	BLK 313 #07-28	Address 2	TAMPINES STREET 33	Address 3	SING.	
Address 4		Address Type	Singapore address	Post Code	5203	
Unit No.	07-28					
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/1030236

Policy No.	5086891611-01	Vehicle No.	SGT3713T	GST Registration No.		
Certificate No.						
Policyholder Name	1 DRAGONFLY			Policyholder NRIC	5335	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Mobile)	91167235	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(%)	50	Private Hire	Yes	
▼ Accident Details						
Report Date	30/01/2019 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collisi	
Date of Accident	29/01/2019	Time of Accident hh:mm	18:25	Country of Accident	Singa	
Reporting Centre		Orange Force		ICM No.		
Accident Location	ROCHOR CANAL ROAD					
▼ Excess						
Total Excess Applicable						
Own damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess			Outside Singapore OD Excess	2,000.00		
Third Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
Excess Type			Windscreen Excess	100.00		

1/30/2019

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
Total OD Excess Applicable

0.00

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 313 #07-28	Address 2	TAMPINES STREET 33	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	5203
Unit No.	07-28	Related Policy Number	5086891611-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM YEW HENG	Driver NRIC	S1498405B	Driver DOB	24/08
Register Date of Driver License	29/07/1996	Driver Age	57	Driving Experience	22
Contact No.(Mobile)	91167235	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 313 #07-28	Address 2	TAMPINES STREET 33	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	5203
Unit No.	07-28				
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 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	I DRAGONFLY
Contact No.(Mobile)	91167235	Contact No.(Home)	NIL
Email Address		OI Vehicle Number	SGT3713T
Claim Description	SGT3713T / FY9815D ON 29 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	
		Workshop Repairer	LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1030236	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/01/2019 18:22
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 2019-1-30	
	30 Jan 2019 18:22			

2.77 MB

2.77 MB

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

SAS

Normal

SAS 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
30 Jan 2019 18:22

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

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Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

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

Photos

Normal

Photos 2019-1-30

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading