

NATIONAL Assessment Centre Services.

port 1 Jan 03 MWA 1190544

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 1/2/19 14:48 | Job description | Date & Time Completed | Done by |
| Ref No: MWA/INC19002133164 | SAS e-filing | | |
| Veh No: 3JE 7817 U | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 31/1/19 18:15 | I-Motor Claim Form | M7/1030544-001 | 11/2/19 17:18 |
| OD: TP: 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: FBG 1540 | 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: (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: | NA1900923 | Invoice/Repairation Checklist | Amc (\$) | Amc (\$) |
| 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/\$43 | | |
| | | 4) FT: Follow-Through Survey \$120 | | |
| | | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | | For claiming against INC Only (wef 10 Jan 2003) | | |
| | | 6) TR: Re-inspection \$75 | | |
| | | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | | 8) NTUC Additional Services:- | | |
| | | OD: | | |
| | | *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 (Non INC) against INC \$20 | | |
| | | 9) N12: Idao Mobile \$0 | | |
| Auditors Comments: | | 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 | 01/02/2019 14:48 |
| Date Of Accident | 31/01/2019 18:15 |
| Exact Location Of Accident | NICOLL HWY TWDS GUILLEMARD RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJE7817U |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG GEOK LIAN |
| NRIC No | S7326425A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93857351 |
| Alternative Phone No | OFFICE-93857351 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS |
| 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 | REPORTING ONLY |
| 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 | 5096235189 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | GOH CHIN HIAN (WU ZHENXIAN) |
| NRIC No | S7310865I |
| Date Of Birth | 29/03/1973 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/08/1993 |
| Driving Experience | 25 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93857351 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|------------------|
| Address | 15A ANAMALAI AVE |
| Postcode | 279985 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4629999 - FAX NO: 64628933 |
| 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: | TP TOOK THE MEMORY CARD |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FBG154D |
| 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:

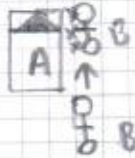

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

KPE (PIETRE)

A= SJE 7817U
B= FBG 154D



Nicoll Hwy

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



SINGAPORE POLICE FORCE



T/20190131/2160

1 of 3

Report No. T/20190131/2160

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 31/01/2019 20:24 | | Vide Report No.: G/20190131/0167 | | Station Diary No.: 97 | |
| Informant's Particulars | | | | | |
| Name of Informant: GOH CHIN HIAN | | | Address: 15A ANAMALAI AVENUE SINGAPORE 279985 | | |
| ID Type / ID No.: NRIC NO / S73108651 | | | Contact No.: Home/Office: Mobile: 93857351 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 45 | Date of Birth: 29/03/1973 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: PHV Driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|---------------------------------|-----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 31/01/2019 18:15 | Type of Location: |
| Location: Along Road 1 NICOLL HIGHWAY towards Guillemard Rd | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------------|------|-------|-------|------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBG154D | Motorcycle | | | | Slightly Damaged | 1 |
| SJE7817U | Car | | | | Slightly Damaged | 1 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190131/2160

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20190131/2160

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------|--|--|---------------------------------|
| Driver | | | | |
| Name | GOH CHIN HIAN | | ID No. | S7310865I |
| Related Vehicle | SJE7817U (Car) | | Contact No. | 93857351 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On the 31/01/2019 at 1808hrs, I was travelling along Nicoll Highway. I was at the leftmost lane trying to filter to the middle lane. I was travelling at about 20km/h.

As I was filtering my way to the most right lane from the 2nd lane, my car came into contact with a motorcycle who was travelling between Lane 1 and Lane 2. The motorcycle then fall.

My car suffered damages on the right side mirror, right mudguard and the front bumper. I am not sure what damages the motorbike suffered.

Traffic Police and Ambulance came down to scene. The pillion of the motorbike was conveyed to hospital.

My in-car camera recorded the incident and was passed to Traffic Police.

Me and my passenger did not sustained any injuries. The rider suffered a bruised left knee.

No public property damaged.



**SINGAPORE
POLICE FORCE**



T/20190131/2160

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20190131/2160

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 RAHUL SINGH SANDHU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/01/2019 20:24

Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S73108651**

Name: **GOH CHIN HIAN (WU ZHENXIAN)**

Birth Date: **29 Mar 1973**

Issue Date: **06 Aug 2004**

00127007GK




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S73108651

Name: **GOH CHIN HIAN (WU ZHENXIAN)**

吴振贤

Race: **CHINESE**

Date of birth: **29-03-1973**

Sex: **M**

Country of birth: **SINGAPORE**





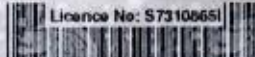

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3: **Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg**

PASS DATE: **19 Aug 1993**

NP 428A

Licence No: **S73108651**



4675777

NRIC No: **S73108651**

Date of issue: **14-01-2011**

Address: **15A ANAMALAI AVENUE SINGAPORE 279985**




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="31/01/2019 14:36"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJE7817U"/> | 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 checked="" type="checkbox"/> | 5096235189 | | ANG GEOK LIAN | S7326425A | GPC | drive CLASSIC | SJE7817U | SJE7817U | 04/12/2017 | 06/05/2019 |

Claim Handling

Accident MT/1030544

| | | | | | |
|---------------------|---|---------------------|---|----------------------|--------|
| Policy No. | 5096235189 | Vehicle No. | SJE7817U | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ANG GEOK LIAN | | | Policyholder NRIC | S7326- |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 93857351 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| MCD Protection | Yes | MCD Entitlement(%) | 50 | Private Hire | Yes |

▼ Accident Details

| | | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|---------|
| Report Date | 01/02/2019 17:14 | Accident Report Within 24 hrs | Yes | Accident Type | Side Sw |
| Date of Accident | 31/01/2019 | Time of Accident hh:mm | 18:15 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | NICOLL HWY TWDS GUILLEMARD RD | | | | |

▼ Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | 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 707 #05-3408 | Address 2 | BEDOK NORTH ROAD | Address 3 | SINGA |
| Address 4 | | Address Type | Singapore address | Post Code | 47070 |
| Unit No. | | Related Policy Number | 5096235189 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|--------|
| Driver Name | GOH CHIN HIAN | Driver Type | Named Driver | | |
| Unnamed driver Name | | Driver NRIC | S73108651 | Driver DOB | 29/03/ |
| Register Date of Driver License | 19/08/1993 | Driver Age | 45 | Driving Experience | 25 |
| Contact No.(Mobile) | 93857351 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | 15 # ANAMALAI AVENUE | Address 2 | SINGAPORE 279985 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 27998 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes <input checked="" 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 Type * | OD-MX | Insured Name | ANG GEOK LIAN |
| Contact No.(Mobile) | 93396645 | Contact No. (Home) | 63007696 |
| Email Address | maryang@gensem.com | OI Vehicle Number | SJE7817U |
| Claim Description | SJE7817U / FBG154D ON 31 Jan 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault |
| Consent No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | | 01/02/2019 17:16 |
| | | | LIU SHAN HUI |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1030544 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc: Received

Yes No

Upload Date

01/02/2019 17:18

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen






Choose File No file chosen

Choose File No file chosen

Message Read

| Category * | Confidential | Urgency * |
|---------------------|--------------|-----------|
| Clear Please Select | NO | Normal |
| Clear Please Select | NO | Normal |
| Clear Please Select | NO | Normal |
| Clear Please Select | NO | Normal |
| Clear Please Select | NO | Normal |
| Clear Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|--------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:18 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:18 | SAS | Normal | SAS 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:18 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:18 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:18 | Photos | Normal | Photos 2019-2-1 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 17:16 | Photos | Normal | Photos 2019-2-1 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
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