

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MUA 1190 4455

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 31/1/14 - 16:51 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 14006087/24 | SAS e-filing | | |
| Veh No: SU3632 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 4/1/14 - 2:30 | i-Motor Claim Form | 17/1/14 10:08 - 001 | 31/1/14 17:07 |
| OD / TP / 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: SW2265L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| MUA 1190 2455 | Invoice Preparation Checklist | Am't (\$) Int Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac 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) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Auditors' Comments:-

Lat 1:

Lat 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 | 05/04/2019 16:51 |
| Date Of Accident | 04/04/2019 21:30 |
| Exact Location Of Accident | SENGKANG E RD BESIDE SENGKANG GENERAL HOSPITAL |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLL3633Z |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH MEI CHIAT |
| NRIC No | S7626646H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91090970 |
| Alternative Phone No | OFFICE-91090970 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | VEZEL HYBRID 1.5RS AUTO |
| 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 | REPORTING ONLY |
| 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 | 5107505158 |
| Cover Note Number | |
| Driver | |
| Name of Driver | GOH YEOW SENG (WU YAOCHENG) |
| NRIC No | S7249734A |
| Date Of Birth | 26/12/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/08/1993 |
| Driving Experience | 25 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97353530 |
| Fax Number | |
| Contact Number | OFFICE-97353530 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 268D COMPASSVALE LINK #07-07 |
| Postcode | 544268 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SIBLING |
| 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) | 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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. AS VEHICLE B SLOWLY MOVED FORWARD, I MOVED MY VEHICLE AS WELL. SUDDENLY VEHICLE B APPLY EMERGENCY BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLU2265L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM KOON SENG JEREMIAH |
| NRIC/Passport Number | S1523916F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

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

Sketch Plan on grid paper showing vehicle positions and details:

- Vehicle A: 366332
- Vehicle B: 2U22656
- Vehicle C: 366332
- Vehicle D: 2U22656
- Vehicle E: 366332
- Vehicle F: 2U22656
- Vehicle G: 366332
- Vehicle H: 2U22656
- Vehicle I: 366332
- Vehicle J: 2U22656
- Vehicle K: 366332
- Vehicle L: 2U22656
- Vehicle M: 366332
- Vehicle N: 2U22656
- Vehicle O: 366332
- Vehicle P: 2U22656
- Vehicle Q: 366332
- Vehicle R: 2U22656
- Vehicle S: 366332
- Vehicle T: 2U22656
- Vehicle U: 366332
- Vehicle V: 2U22656
- Vehicle W: 366332
- Vehicle X: 2U22656
- Vehicle Y: 366332
- Vehicle Z: 2U22656

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

Describe the circumstances of the accident in detail, including a sketch of the accident scene if applicable.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7249734A



Name
GOH YEOW SENG
(WU YAOCHENG)
吴耀成
Race
CHINESE
Date of birth
26-12-1972
Country of birth
SINGAPORE
Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7249734A
Name
GOH YEOW SENG
(WU YAOCHENG)

Birth Date 26 Dec 1972
Issue Date 28 Apr 2003



4852276



NRIC No. S7249734A



Date of issue
13-04-2012

Address

APT BLK 268D COMPASSVALE LINK
#07-07
SINGAPORE 544268

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

ISS DATE

- | | | |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 09 Jan 1990 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 15 Aug 1993 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 04 Dec 1996 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 05 May 1997 |



NP-128A

eBaoTech

GeneralClaim

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="04/04/2019 21:30"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SLL3633Z"/> | 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"/> | 5107505158 | | GOH MEI CHIAT | S7626646H | GPC | drivo CLASSIC | SLL3633Z | SLL3633Z | 22/02/2019 | 21/02/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5107505158 | Policyholder Name | GOH MEI CHIAT | Policyholder NRIC | S7626646H |
| Certificate No. | | | | | |
| Address | BLK 943 #03-257 TAMPINES AVENUE 5 SINGAPORE 520943 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 14/02/2019 | Effective Date | 22/02/2019 00:00 | Expiry Date | 21/02/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | INSMART (INSURANCE) AGENC | Agent Tel. | 68420766 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 943 #03-257 | Address 2 | TAMPINES AVENUE 5 | Address 3 | SINGAPORE 520943 |
| Address 4 | | Address Type | Singapore address | Post Code | 520943 |
| Unit No. | | Related Policy Number | 5107505158 | | |

Insured Object: SLL3633Z

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> | | | | |

Claim Handling

[Exit](#)

Accident MT/1039018

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|--------------------------------|
| Policy No. | S107505158 | Vehicle No. | SL136332 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | GOH MEI CHAT | Cover Type | drive CLASSIC | Policyholder NRIC | S7626646H |
| Product Code | PRIVATE CAR INSURANCE | Contact No. (Office) | 0 | Loading | 0 |
| Contact No. (Mobile) | 91090970 | Special Remark | | Contact No. (Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text" value="7"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 05/04/2019 17:05 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 04/04/2019 | Time of Accident hh:mm | 21:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SENGKANG E RD BESIDE SENKANG GENERAL HOSPITAL | | | | |
| Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 500.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | | YIED TP Excess | | Driver is Covered? | |
| Additional Excess | 0.00 | Total TP Excess Applicable | | | |
| Total OD Excess Applicable | | | | | |
| 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 943 #03-257 | Address 2 | TAMPINES AVENUE 5 | Address 3 | SINGAPORE S20943 |
| Address 4 | | Address Type | Singapore address | Post Code | S20943 |
| Unit No. | | Related Policy Number | S107505158 | | |
| O1 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 26/12/1972 |
| Unnamed driver Name | GOH YEDW SENG (WU YAO CHE) | Driver NRIC | S7249734A | Driving Experience | 25 |
| Register Date of Driver License | 13/06/1993 | Driver Age | 46 | Contact No. (Home) | 0 |
| Contact No. (Mobile) | 97353530 | Contact No. (Office) | 0 | Address 3 | COMPASSVALE ARCADIA |
| Address 1 | BLK 268D | Address 2 | COMPASSVALE LINK | Post Code | S44268 |
| Address 4 | SINGAPORE S44268 | Address Type | Singapore address | | |
| Unit No. | 07-07 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" 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 Type * | OD-MK | Insured Name | GOH MEI CHAT | Insured NRIC | S7626646H |
| Contact No. (Mobile) | 91090970 | Contact No. (Home) | 67844423 | Contact No. (Office) | |
| Email Address | | O1 Vehicle Number | SL136332 | TP Vehicle Number | SLU2265L |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SL136332 / SLU2265L ON 4 Apr 2019 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 05/04/2019 17:07 | Claim Close Date | | Date Received | 05/04/2019 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

[Save](#) [Submit](#)











Attachment

| | | | |
|--------------------|---|---------------|--------------------------|
| Accident No. | MT/1039018 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 05/04/2019 17:08 |
| Path * | | Category * | |
| | | Confidential | <input type="radio"/> No |
| | | Urgency * | normal |
| | | Description * | |

| | | | | | | |
|----------------------|--|--------------------------------------|--|----------------------------------|-------------------------------------|----------------------|
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="T/O"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="T/O"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="T/O"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="T/O"/> | <input type="text" value="Normal"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="T/O"/> | <input type="text" value="Normal"/> | <input type="text"/> |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|---|---|-----------------------|---------|--------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | SAS | Normal | SAS 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 05 Apr 2019 17:08 | Photos | Normal | Photos 2019-4-5 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|--|---|--------|
| | | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> | |