

NATIONAL Assessment Centre Services. (part 1 Jan 09). MWA 119064287

Date In: 17/5/19 14:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC19008790164	SAS e-filing		
Veh No: YP 3374X	E-mail (within 3hrs, AIC 2hrs)		
DOA: 16/5/19 13:30	I-Motor Claim Form	MT/1045052- <sup>001</sup>	17/5/19 17:05
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: YQ 877B-	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 ( )		

( ) 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: ( )

**Kennels - PINE HILL COUNTRY**

1) Apply for Transf.ort Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

*Injury:* \_\_\_\_\_

Date/Time	Actions

SECRET

1

[illegible]

\_\_\_\_\_

NA190325

1) AR : Accident Reporting (330)	
2) DA : Damage Assessment (5100)	INC (580)
	30.00

3) TP : Towing Fee	\$405.43
4) PT : Follow-Through Survey	\$120

Fact No:	5) 1 <sup>st</sup> Follow-Through Survey (Resurvey)	\$30
	For obtaining against INC Only (wef 10 Jan 2005)	

6) TR: Re-Inspection	\$75
7) NI: Idan DA + SMRT Survey	\$160

Checked by (Engr-In-Charge):	5) NTUC Additional Services:-		
	ON:-		

*N5: Courtesy Car / Tpt Allowance	\$5
*N6: Repair Co-ordination	\$10

*N7: Post Repair Inspection	\$23
*N8: DV / Collect Excess Coordination	33

TP (N11) : TP (N11 INC) against INC	\$20
9) N12: Idan Mobile	30

Invoice dated	Fee Charged	DATE RECEIVED
Invoice dated	Fee Charged	DATE RECEIVED



## 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	17/05/2019 14:56
Date Of Accident	16/05/2019 13:30
Exact Location Of Accident	W COAST HWY NEAR PASIR PANJANG EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3374X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	07959000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784

### Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094109319-01
Cover Note Number	-

### Driver

Name of Driver	ZHAI XIANRONG
NRIC No	G8640070M
Date Of Birth	25/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93551028
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	96J JALAN SENANG
Postcode	418489
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLOUDY
Road Surface	WET

#### 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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ877B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

Signature of Driver

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

Signature of Reporting Centre Personnel

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

A = YP 3374X  
 B = YQ 877B

W Coast Hwy near Pasir Panjang

$$B = YQ \begin{bmatrix} 8 & 7 & 7 \\ 8 \end{bmatrix}$$

W Coast Hwy near Pasir Panjang Exit

Please Refer to Police Report

Please Refer to Police Report

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

翟光榮

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

*H*

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





# SINGAPORE POLICE FORCE



T/20190516/2090

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No. T/20190516/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/05/2019 15:53		Vide Report No.:		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: ZHAI XIANRONG			Address:		
ID Type / ID No.: FIN NO / G8640070M			Contact No.: Home/Office: Mobile: 9355 1028		
Nationality: CHINESE			Email:		
Sex: Male	Age: 47	Date of Birth: 25/05/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 16/05/2019 13:30	Type of Location: Straight Road
Location: Along Road 1 PASIR PANJANG ROAD Towards Kent Ridge Park				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP3374X	Lorry			Yellow	Slightly Damaged	0
YQ877B	Lorry			White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YP3374X	NTUC Income Insurance Co-Operative Limited		28/06/2018	27/06/2019



**SINGAPORE  
POLICE FORCE**



T/20190516/2090

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No. T/20190516/2090

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ZHAI XIANRONG	ID No.	G8640070M
Related Vehicle	YP3374X (Lorry)	Contact No.	9355 1028
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 16/5/2019 at 1330 hrs, I was driving my lorry along Pasir Panjang Road travelling along the lane nearest to the road divider.

Out of a sudden, a lorry from travelling on the opposite direction, mount on the center divider. The vehicle had knocked down a tree and a lamppost installed at the middle divider. This caused the tree and lamppost to bend and fall to my side of the road.

My vehicle was not able to avoid in time as such collided onto both the debris, head one.

At the point of time, the other driver seems to be injured. I informed my boss and was told to leave the place after taking photos of the scene. The company will be pursuing for insurance claim.

There is no in car camera in my vehicle. There were no police or ambulance at scene.

My front bonnet sustained an inward dent, where as, the other party had a dislodged front bumper.





**SINGAPORE  
POLICE FORCE**



T/20190516/2090

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20190516/2090

**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:

G /

Sgt 2 CHONG WENG KIAT, TERENCE

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2019 15:53

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY**

Name  
**ZHAI XIANRONG**

Work Permit No.  
**0 77839380**

Sector  
**MANUFACTURING**

 **K0283515**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**


License Number  
**G8640070M**

Name  
**ZHAI XIANRONG**

Birth Date: **25 May 1971**

Issue Date: **31 Jul 2018**

Valid Till: **30/07/2023**

**VISIT PASS**  
Immigration Regulations

Name  
**ZHAI XIANRONG**

FIN  
**G8640070M**

Date of Birth: **25-05-1971** Sex: **M**

Nationality  
**CHINESE**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status


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



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

Class	Vehicle	EFFECTIVE DATE
Class 3	Motorcycles <= 200 CC	31 Jul 2018
Class 4	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractor/vehicles <= 2500 kg	13 Sep 2018

**G8640070M** **S / No.9000309242**

 Licence No: G8640070M

**NP 428A**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

16/05/2019 14:32

Vehicle No.(For Motor)

YP3374X

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094109319-01		LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY	07959000D	GFT	Comprehensive	YP3374X	YP3374X	10/09/2018	

## ▼ Policy Information

Policy No.	5094109319-01	Policyholder Name	LAU BOON HENG KWEI TEOW &	Policyholder NRIC	07959000D
Certificate No.					
Address	96J JALAN SENANG SINGAPORE 418489				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/09/2018	Effective Date	10/09/2018 00:00	Expiry Date	09/09/2019 23:59
Third Party Excess	0.00	Own damage Excess	600.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	VICTOR MOTOR CREDIT PTE LTD	Agent Tel.	68582020	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	96J JALAN SENANG	Address 2	SINGAPORE 418489	Address 3	
Address 4		Address Type	Singapore address	Post Code	418489
Unit No.		Related Policy Number	5094109319-01		

## ▶ Insured Object: YP3374X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/09/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 17 Sep 2018, the following amendment(s) is/are made to this policy:

Continue

Cancel



## Claim Handling

Accident MT/1045052

Policy No.	5094109319-01	Vehicle No.	YP3374X	GST Registration No.	
Certificate No.					
Policyholder Name	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY				
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Policyholder NRIC	079591
Contact No.(Mobile)	64420784	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
▼ Accident Details			Private Hire		
Report Date	17/05/2019 16:56	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	16/05/2019	Time of Accident hh:mm	13:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	W COAST HWY NEAR PASIR PANJANG EXIT				
▼ Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/07/2017		
GST Registration No.	201713715E	GST Status Verified	Yes		
Modification History	17/05/2019 16:58:26 System changed GST Registered from No to Yes 17/05/2019 16:58:26 System changed GST Registration No. from null to 201713715E 17/05/2019 16:58:26 System changed GST Registration Date from null to 01/07/2017				
▼ Policyholder Mailing Address					
Address 1	96J JALAN SENANG	Address 2	SINGAPORE 418489	Address 3	
Address 4		Address Type	Singapore address	Post Code	418489
Unit No.		Related Policy Number	5094109319-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/05/
Unnamed driver Name	ZHAI XIANRONG	Driver NRIC	G8640070M	Driving Experience	0
Register Date of Driver License	13/09/2018	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	93551028	Contact No.(Office)		Address 3	
Address 1	96J # JALAN SENANG	Address 2	SINGAPORE 418489	Post Code	418489
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input 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 type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LAU BOON HENG KWEI TEOW &
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	YP3374X
Claim Description	YP3374X / YQ8778 ON 16 May 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	17/05/2019 16:59
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1045052	Claim No.	001
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5/17/2019

## Claim Handling(accident reporting Claim Task )

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

17/05/2019 17:05

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

Clear

Category \*

Please Select

Confidential

NO

Urgency \*

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

Clear

Please Select

NO

Normal

## Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Description

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 17:05

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 17:01

SAS

Normal

SAS 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 17:01

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 17:01

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 17:01

Photos

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17 May 2019 17:01

Photos

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17 May 2019 17:01

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 16:59

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 16:59

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 16:59

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 16:59

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 16:59

Photos

Normal

Photos 2019-5-17

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
17 May 2019 16:59

Photos

Normal

Photos 2019-5-17

## Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading