

NATIONAL Assessment Centre Services

(Ref: Jan 15)

| | | | |
|---------------------------|--|-----------------------|---------------|
| Date In: 24/05/2019 17:15 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19009208/K4 | SAS e-filing | | |
| Veh No: YN303G | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 24/05/2019 13:05 | i-Motor Claim Form | MT/1046084-001 | 27/5/19 13:50 |
| 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: Vch No: UNKNOWN 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%; F: 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 :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | 1) AR: Accident Reporting (\$30); | | 1st Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TP: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 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:- | | | |
| 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: Idac Mobile \$30 | | | | |
| 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 | 24/05/2019 17:15 |
| Date Of Accident | 24/05/2019 13:05 |
| Exact Location Of Accident | BOK SENGNO:5TUASAVENUE3/85LOGISTICS HUB/S639405 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | YN303G |
| Insured/Policyholder | |
| Name Of Registered Owner | JACOB TRANSPORTS SERVICES |
| Co Reg No | 53139685A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81176253 |
| Alternative Phone No | OFFICE-81176253 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FE83BE6SRDEA |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5061439179-05 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NATESAN AYYACHAMY JACOB |
| NRIC No | S2655325C |
| Date Of Birth | 15/08/1950 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/09/1997 |
| Driving Experience | 21 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81176253 |
| Fax Number | |
| Contact Number | OTHERS-81176253 |
| EMail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 23 BALAM ROAD #09-181 |
| Postcode | 370023 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| 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? | NO |
| 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) | 0 |

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

PLS REFER TO THE ATTACHED STATEMENT.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | NGIM CHOON HUAT |
| NRIC/Passport Number | S1707234Z |
| 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

Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

DECLARATION

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



Policyholder's Signature
Date & Time:

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

24/5/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Place of Incident

Bak Song

No: 5

Tuas Avenue 3

1 & 2 - Forklift.

85 Logistics Hub

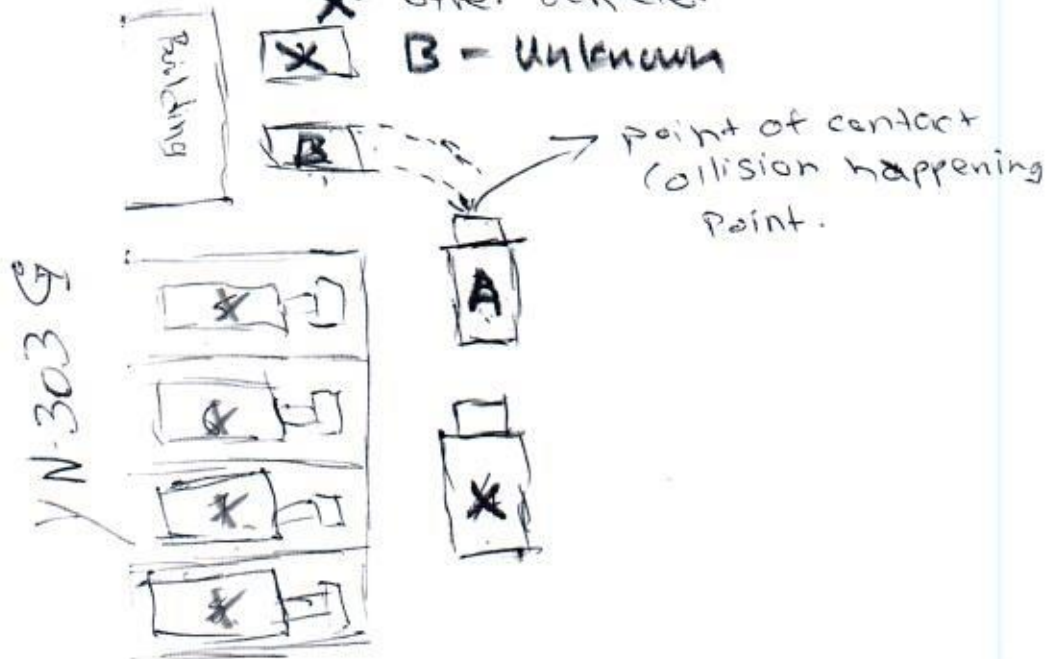
5, 6, 7 & 8 - Trailers parked

(S 639405)

A - YN303G

X - other vehicle.

B - Unknown



Place of Incident

~~Bok~~ Seng

NO 5 Tuas Avenue 3

S5 logistics HUB

(S) 639 405.

Time ^{of date} of Incident

^{PM} 1.00 - 1.05 PM / 24 PS/19

Person involved

NGIM CHOON HUAT

S17072342

BLK 420 ANG MO KIO AVE 10

#04-1115 (S) 560 420

Details of incident

Vehicle YN 303 ^{driven by S2655325C NA Jacob.} G₁ was parked at the place of incident at the above mentioned time to load item. Then the fork lift driver started the ~~veh~~ fork lift to load the items. He then reversed and made a sharp left turn while reversing. He did not notice the my vehicle parked behind and came to collide ~~use~~ with the vehicle's front at quite a speed. The collision made several dents and breakage of signage (Fus(G)) and YN 303 (G).

TP - Boss Details



Bok Seng Logistics Pte Ltd

No. 5 Tuas Avenue 3

BS Logistics Hub

Singapore 639405

Tel : (65) 6416 1999

DID : (65) 6416 1974

Fax : (65) 6897 9182

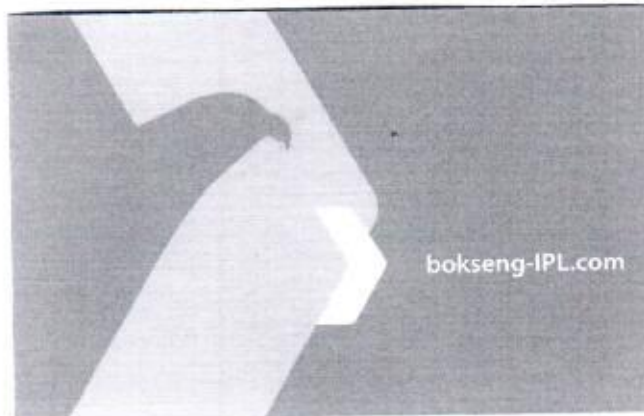
A. Shanmuganathan

Assistant General Manager, Warehousing

Mobile: (65) 9271 0751

Email: nathan@bokseng-IPL.com

Website: www.bokseng-IPL.com



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2655325C



Name
NATESAN AYYACHAMY JACOB

நடேசன் அய்யாச்சாமி

Race
INDIAN

Date of Birth 15-08-1950 Sex M

Country of Birth
INDIA






REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S2655325C

NATESAN AYYACHAMY JACOB

Birth Date 15 Aug 1950
Issue Date 07 Jun 2018

A0132205



S2655325C



Medical Group O+ Date of issue 10-05-2002

APT BLK 23 BALAM ROAD
#09-181
SINGAPORE 370023

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

| Class | Description | Effective Date |
|----------|--|----------------|
| Class 2B | Motorcycles ≤ 200 cc | 08 Apr 1994 |
| Class 3 | Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg | 01 Sep 1997 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg | 09 Feb 2001 |

NP 428A

Licence No: S2655325C



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

24/05/2019 13:05

Vehicle No.(For Motor)

YN303G

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"/> | 5061439179-05 | | JACOB TRANSPORTS SERVICES | 53139685A | GCV | Comprehensive | YN303G | YN303G | 27/11/2018 | 26/11/2019 |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|---------------------------|-------------------|------------------|
| Policy No. | 5061439179-05 | Policyholder Name | JACOB TRANSPORTS SERVICES | Policyholder NRIC | 53139685A |
| Certificate No. | | | | | |
| Address | BLK 23 #09-181 BALAM ROAD SINGAPORE 370023 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 19/10/2018 | Effective Date | 27/11/2018 00:00 | Expiry Date | 26/11/2019 23:59 |
| Third Party Excess | 0.0 | Own damage Excess | 600 | Windscreen Excess | 100.0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | INCOME-BRANCH SERVICES | Agent Tel. | 67886616 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 23 #09-181 | Address 2 | BALAM ROAD | Address 3 | SINGAPORE 370023 |
| Address 4 | | Address Type | Singapore address | Post Code | 370023 |
| Unit No. | 09-181 | Related Policy Number | 5087507449-02 | | |

► Insured Object: YN303G

▼ Endorsements

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

Claim Handling

Accident MT/1046084

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5061439179-05 | Vehicle No. | YN303G | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | JACOB TRANSPORTS SERVICES | | | Policyholder NRIC |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | 81176253 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| 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(%) | 15 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date | 27/05/2019 10:00 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 24/05/2019 | Time of Accident hh:mm | 13:05 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | BOK SENGNO:5TUASAVENUE3/85LOGISTICS HUB/S639405 | | | |

▼ Excess

| | | | |
|-----------------------|--------|-----------------------------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD Excess | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|---|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 27/05/2019 10:02:50 System changed GST Status Verified from No to Yes | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 23 #09-181 | Address 2 | BALAM ROAD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 09-181 | Related Policy Number | 5087507449-02 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|------------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB |
| Unnamed driver Name | NATESAN AYYACHAMY JACOB | Driver NRIC | S2655325C | Driving Experience |
| Register Date of Driver License | 01/09/1997 | Driver Age | 68 | Contact No.(Home) |
| Contact No.(Mobile) | 81176253 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 23 # | Address 2 | BALAM ROAD | Address 3 |
| Address 4 | SINGAPORE 370023 | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| 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 OD-MX

New

| | | | |
|---------------------|---------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | JACOB |
| Contact No.(Mobile) | 98314004 | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | YN303G |
| Claim Description | YN303G / UNKNOWN ON 24 May 2019 | | |
| Preferred Workshop | Yes | Insured Liability | Partially at Fault |
| Workshop No. | | Preferred Repair Option | Preferred Workshop, Name unknown |
| Finalisation | | GIA report | Received |
| Date Registered | 27/05/2019 13:51 | Claim Close Date | |
| Report Taken By | | Workshop Repairer | |

✓ Print AK letter

Save Submit

Attachment



| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1046084 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 27/05/2019 12:46 |

| | | | | |
|---|----------------|--------------------------------------|--|---------------------------------|
| Path * | | Category * | | Confidential |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Choose File"/> | No file chosen | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> |
| <input type="button" value="Message Read"/> | | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Des. |
|------------|--|-----------------------|--|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 13:50 | NRIC/ Driving License | | Normal | NRIC/ Driving 1 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:46 | SAS | | Normal | SAS 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:46 | Photos | | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:46 | Photos | | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:46 | Photos | | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:46 | Photos | | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:46 | Photos | | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:45 | Photos | | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:45 | Photos | | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 12:45 | Photos | | Normal | Photos |