

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 07/06/2019 14:32
 Date Of Accident 06/06/2019 15:45
 Exact Location Of Accident POEPL PARK CENTRE CARPARK LEVEL 5
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ5068X
Insured/Policyholder
 Name Of Registered Owner MOJOMOJO PTE LTD
 Co Reg No 201620015H
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-96361505

Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE
 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 REPORTING ONLY
 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 5109688552
 Cover Note Number -

Driver

Name of Driver JERRALDINE CHEN YIHUI
 NRIC No S9142674I
 Date Of Birth 19/10/1991
 Occupation OUTDOOR
 Date Of Driving Pass 15/04/2011
 Driving Experience 8 YEARS AND 1 MONTH
 Gender FEMALE
 Mobile Number (LOCAL) +65-96361505
 Fax Number
 Contact Number
 Email Address NOEMAIL

| | |
|---|---------------------------------------|
| Address | BLK 70B TELOK BLANGAH HEIGHTS #03-521 |
| Postcode | 102070 |
| 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? | |
| 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

PLEASE REFER TO 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 | SJY9057C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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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.

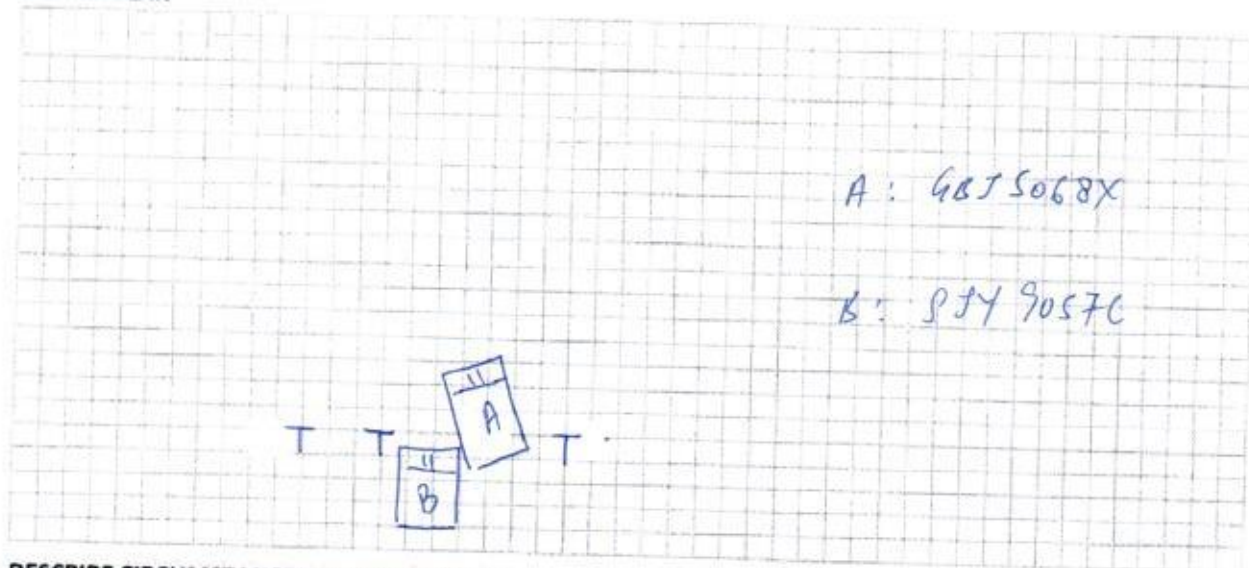


Policyholder's Signature
Date & Time:

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

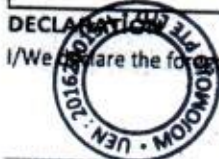
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the carpark lot at People's Park Centre
 Carpark level 5. I misjudged and gazed along vehicle (B).



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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

| | |
|----------------------------|--|
| Date and time of accident | Date: 06/06/2019 (DD/MM/YY) Time: 3:45PM (HH:MM) |
| Exact location of accident | People's Park Centre Carpark Level 5 |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | GPJ5068X |
| Vehicle make and model | Toyota Hiace |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | Working |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/> |

Insurance information

| | |
|-------------------|---|
| Insurance company | NTUC |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|--|---|
| Name | MOJOMOJO PTE LTD | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 201620015H | |
| Contact | 96361505 | |
| Address | 101 Upper Cross St #05-06 People's park centre S (058357) | |

Driver

Same as insured above ☐ (skip to D.O.B)

| | | |
|------------------------------|---|--|
| Name | JERRALDINE CHEN YIHUI | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S9142674 I | |
| Contact | 96361305 | |
| Address | Blk 70B TELUK BLANGAH HEIGHTS #03-521 S (102070) | |
| Email address | Jerraldine.Chen@live.com | |
| Date of birth | 19-10-1991 | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 15/04/2011 | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | _____ (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | _____ |

Third party vehicle 1

| | |
|------------------------------|----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SJY9057C |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 2

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 3

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 4

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS 3

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 15 Apr 2011

NP 428A

Licence No: S9142674I

For LKK/NAC Use Only



399314



NRIC No: S9142674I

Date of issue
24-01-2007APT BLK 70B TELOK BLANGAH HEIGHTS #03-521
SINGAPORE 102070
NRIC No: S9142674I Date: 22/12/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9142674I

Name: JERRALDINE CHEN YIHUI

Birth Date: 19 Oct 1991

Issue Date: 15 Apr 2011

001955790J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9142674I

Name

JERRALDINE CHEN YIHUI

陳奕慧

Race
CHINESEDate of birth
19-10-1991Sex
FCountry of birth
SINGAPORE

S9142674I

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

06/06/2019 14:30

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|-------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5109688552 | | MOJOMOJO PTE LTD | 201620015H | GCV | Preferred Workshop Plan | GBJ5068X | GBJ5068X | 21/05/2019 | 20/05/2020 |

Continue

Claim Handling

Accident MT/1048192

| | | | | | |
|---------------------|---|---------------------|---|----------------------|--------|
| Policy No. | 5109688552 | Vehicle No. | GBJ5068X | GST Registration No. | 201621 |
| Certificate No. | | | | | |
| Policyholder Name | MOJOMOJO PTE LTD | | | | |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Preferred Workshop Plan | Policyholder NRIC | 201621 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Loading | 0 |
| Email Address | | Special Remark | | Contact No.(Home) | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| NCD Protection | No | NCD Entitlement(%) | 0 | eCode Reason | |
| | | | | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 10/06/2019 10:41 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 06/06/2019 | Time of Accident hh:mm | 16:25 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PEOPLE'S PARK CENTRE CARPARK | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | | YIED TP Excess | | Driver is Covered? | Not Applicable |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/03/2017 |
| GST Registration No. | 201620015H | GST Status Verified | Yes |
| Modification History | 10/06/2019 10:42:17 System changed GST Registration Date from 21/07/2016 to 01/03/2017 10/06/2019 10:42:17 System changed GST Status Verified from No to Yes | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-----------------------------|-----------|-----------|
| Address 1 | 101 UPPER CROSS STREET | Address 2 | #05-06 PEOPLE'S PARK CENTRE | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 058351 |
| Unit No. | 05-06 | Related Policy Number | 5109688552 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Fully at Fault

Consent No. Finalisation ☒ Yes ☐ No ☐ Repair Option ☐ Preferred Workshop, Name unknown GIA report Received

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name MOJOMOJO PTE LTD

Contact No. (Home)

OI Vehicle Number GBJ5068X

GBJ5068X / SJY9057C ON 6 Jun 2019

11/06/2019 11:48 Claim Close Date

LIEW SHAN HUI

Save Submit

Attachment

| | | | |
|--------------------|------------|-------------|-----|
| Accident No. | MT/1048192 | Claim No. | 002 |
| Last Doc. Received | | Upload Date | |

☒ Yes ☐ No

11/06/2019 11:49

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

Path *

| Clear | 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 11 Jun 2019 11:49 | SAS | Normal | SAS 2019-6-11 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 11:49 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-11 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 11:48 | Photos | Normal | Photos 2019-6-11 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 11:48 | Photos | Normal | Photos 2019-6-11 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 11:48 | Photos | Normal | Photos 2019-6-11 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 11:48 | Photos | Normal | Photos 2019-6-11 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------------------|--------------------|
| | | Display in New Window | Scan and uploading |