

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|------------------------|---------------|
| Date In: 11/06/2019 16:19 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/INC19010291/KY | E-mail (within 8hrs, A/C 2hrs): | | |
| Veh No: SKS6656M | i-Motor Claim Form | MT/1048681-001 | 12/6/19/11:15 |
| D.O.A: 11/06/2019 11:50 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: TP / Reporting Only | 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: SMK 2207X | 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 |
|-----------|---------|
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| | | | | | |
|----------------------------------|--|---|--|-------------|----------|
| NA1904238 | | Invoice Preparation Checklist | | Ant (\$) | Ant (\$) |
| | | | | 1st Bill | 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) iFT : Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments :- | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat 1: | | 6) TR : Re-inspection \$75 | | | |
| Cat 2/3: | | 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 11/06/2019 16:19
 Date Of Accident 11/06/2019 11:50
 Exact Location Of Accident FILTER LANE TWDS AIRPORT ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS6656M

Insured/Policyholder

Name Of Registered Owner NG CHIANG KWEE
 NRIC No S0104932A
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96805621
 Alternative Phone No OTHERS-96805621

Vehicle Particulars

Manufacturer TOYOTA
 Model VIOS 1.5 E (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 5106893891
 Cover Note Number

Driver

Name of Driver SHAHRUL ABBAS BIN HAMZAH
 NRIC No S9838778A
 Date Of Birth 24/11/1998
 Occupation OUTDOOR
 Date Of Driving Pass 11/06/2019
 Driving Experience 0 YEAR AND 0 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-81620741
 Fax Number
 Contact Number OTHERS-81620741
 EMail Address NOEMAIL

| | |
|---|---|
| Address | BLK 601 BEDOK RESERVOIR ROAD #10-516 |
| Postcode | 470601 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TRAINEE |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : TRAINER GENDER: : MALE |

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? | YES |
| Remarks/ Reasons: | REVERT |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SMK2207X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | JOE |
| NRIC/Passport Number | |
| Contact Number | 81868697 |
| Address | |
| Postcode | |
| Insurance Company Name | AIG ASIA PACIFIC INSURANCE PTE. LTD. |

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:

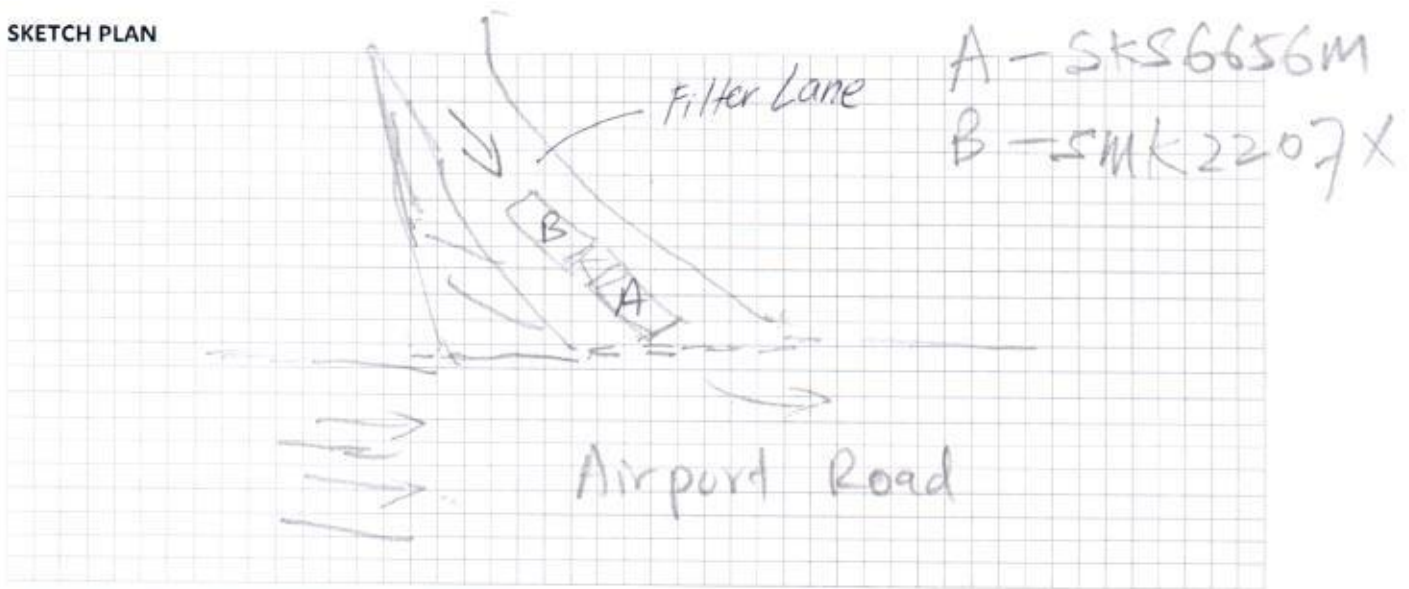


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/6/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Car A was driving along Filter Lane to Airport Road. When Car A stopped to check for oncoming traffic, Car B hit the back of Car A.


Vehicle A has damage at bumper, slightly.

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. **S9838778A**



Name

SHAHRUL ABBAS BIN HAMZAH



Race

MALAY-INDIAN

Date of birth

24-11-1998

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only

6197044



NRIC No. **S9838778A**



Date of issue

21-05-2019

Address

**APT BLK 601 BEDOK RESERVOIR ROAD
#10-516
SINGAPORE 470601**

For LKK/NAC Use Only

workshop email: (ch motor@signature.com.sg -)

Status of Driving Licence

Qualified Driving Licence

You are not a valid Singapore Driving Licence Holder.

Provisional Driving Licence

Provisional Driving Licence Number

S9838778A

Status of Provisional Driving Licence

Valid

Class(es) of Provisional Driving Licence

3

Expiry Date

28/02/2021

For LKK/NAC Use Only

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106893891

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle
- Chassis Number
2. Name of Policyholder
3. Effective Date of Insurance
4. Expiry Date of Insurance

: SKS6656M
: MR2B23F3501156656
: NG CHIANG KWEE
: 11 Jan 2019
: 10 Jan 2020

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward other than for driving test and tuition purpose only.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : S\$1,000 |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : NG CHIANG KWEE |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HONG LEONG FINANCE LIMITED |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHENG HOE ENTERPRISE (00000614784)
Date of Issue : 09 Jan 2019 12:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



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="11/06/2019 11:50"/> | | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SKS6656M"/> | 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"/> | 5106893891 | | NG CHIANG KWEE | S0104932A | GPC | drivo CLASSIC | SKS6656M | SKS6656M | 11/01/2019 | 10/01/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|-------------------|------------------|
| Policy No. | 5106893891 | Policyholder Name | NG CHIANG KWEE | Policyholder NRIC | S0104932A |
| Certificate No. | | | | | |
| Address | BLK 34 #10-49 MARINE CRESCENT SINGAPORE 440034 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 09/01/2019 | Effective Date | 11/01/2019 00:00 | Expiry Date | 10/01/2020 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 1000 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | |
| Agent | CHENG HOE ENTERPRISE | Agent Tel. | 67556142 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|---------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 34 #10-49 | Address 2 | MARINE CRESCENT | Address 3 | SINGAPORE 440034 |
| Address 4 | | Address Type | Singapore address | Post Code | 440034 |
| Unit No. | | Related Policy Number | 5107545670 | | |

► Insured Object: SKS6656M

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Accident MT/1048681

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5106893891 | Vehicle No. | SKS6656M | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | NG CHIANG KWEE | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 96805621 | 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 | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|
| Report Date | 12/06/2019 11:10 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 11/06/2019 | Time of Accident hh:mm | 11:50 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | FILTER LANE TWDS AIRPORT ROAD | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|--------|-------------------|
| Own damage Excess | 600.00 | Additional Excess | 1000 | Windscreen Excess |
| Unnamed Driver Excess | 2,500.00 | Outside Singapore OD Excess | 600.00 | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|---------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 34 #10-49 | Address 2 | MARINE CRESCENT | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5107545670 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|----------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | SHAHRLUL ABBAS BIN HAMZAH | Driver NRIC | S9838778A | Driver DOB |
| Register Date of Driver License | 11/06/2019 | Driver Age | 20 | Driving Experience |
| Contact No.(Mobile) | 81620741 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 601 # | Address 2 | BEDOK RESERVOIR ROAD | Address 3 |
| Address 4 | SINGAPORE 470601 | Address Type | Foreign 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 Com |

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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

| | | |
|-------|--------------------|----------------|
| OD-MX | Insured Name | NG CHIANG KWEE |
| | Contact No. (Home) | |
| | OI Vehicle Number | SKS6656M |

SKS6656M / SMK2207X ON 11 Jun 2019

| | | | |
|-------------------------|----------------------------------|------------|----------|
| Insured Liability | Not at Fault | GIA report | Received |
| Preferred Repair Option | Preferred Workshop, Name unknown | | |




















| | | |
|------------------|-------------------|--|
| 12/06/2019 11:18 | Claim Close Date | |
| | Workshop Repairer | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1048681 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/06/2019 11:15 |
| Path * | | Category * | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|---|--|-----------------------|---------|-----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:18 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:18 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:16 | SAS | Normal | SAS 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:15 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:15 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:15 | Photos | Normal | Photos |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 11:14 | Photos | Normal | Photos |
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