

NATIONAL Assessment Centre Services

Date In 11/06/2019 17:10
Ref No NA/INC19010296/K4
Veh No GBE7968L
DOA 11/06/2019 09:50

OD TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8 hrs, M-F 2hrs)

i-Motor Claim Form

MT/1048668-001 12/6/19/1058

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

FN1242S

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

NA1904239

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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) NI: 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 17:10
 Date Of Accident 11/06/2019 09:50
 Exact Location Of Accident CTE TOWARDS TUAS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE7968L
Insured/Policyholder
 Name Of Registered Owner U. SAGE CONTRACTS PTE LTD
 Co Reg No 199601304H
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-86912117
 Alternative Phone No OFFICE-86912117

Vehicle Particulars

Manufacturer TOYOTA
 Model TOYOTA DYNA 150 MANUAL
 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 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 5088522146-02
 Cover Note Number

Driver

Name of Driver SEKAR GANESAN
 Passport No/FIN G6607274L
 Date Of Birth 26/07/1988
 Occupation OUTDOOR
 Date Of Driving Pass 16/01/2012
 Driving Experience 7 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-86912117
 Fax Number
 Contact Number OTHERS-86912117
 EMail Address NOEMAIL

| | |
|---|---------------------------|
| Address | U. SAGE CONTRACTS PTE LTD |
| Postcode | |
| 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 | 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) | 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

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 | FN1242S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | ONG CHEW KIANG |
| NRIC/Passport Number | S9703852Z |
| Contact Number | 97201140 |
| 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:

[Signature]

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



11/6/2019

CTE toward TUAS



A-GBE7968L
B-FN1242S

Vehicle A was driving along CTE towards Tuar and at that time more vehicles was moving on my Lane. When I was on my lane driving suddenly motorcycle B hit on my Vehicle A rear portion and fell on the ground. Vehicle A was slightly damages at the rear portions of my Vehicle A.

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

Date & Time:

11/6/2019

Reported on 11/6/2019
@ 13 pms

ACCIDENT STATEMENT

ACCIDENT DATE: 11/06/19 (DD/MM/YYYY), TIME: 9:50am (HH:MM)

LOCATION: Ang Mo Kio Cril Ave 1 & Ave 3
CTE BETWEEN AVE 1 & AVE 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 768K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5088533146-02
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

CTE towards
Tuas

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86912117
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FN1242S MODEL: _____
b) DRIVER'S NAME: ONG CHEW KIANG
c) NRIC/FIN/PASSPORT: S97038522 CONTACT: 97201140

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =

Waiting for Company Chop?

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
USAGE CONTRACTS PTE LTD

Name
SEKAR GANESAN

S Pass No.
O 34870195

Sector
CONSTRUCTION

Download SGWorkPass App to check status

Barcode

K0790757

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G6607274L

Name
SEKAR GANESAN

Birth Date
26 Jul 1988

Issue Date
14 Dec 2016

Valid Till
15/01/2022

Barcode

VISIT PASS
Immigration Regulations

Name
SEKAR GANESAN

FIN
G6607274L

Date of Birth
26-07-1988

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

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

Barcode

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

| Class | Description | Effective Date |
|----------|---|----------------|
| Class 2B | Motorcycles ≤ 200 cc | 16 Jan 2012 |
| Class 3 | Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg | 16 Jan 2012 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 15 Feb 2016 |

NP 428A

Licence No: G6607274L

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

11/06/2019 09:50

Vehicle No.(For Motor)

GBE7968L

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"/> | 5088522146-02 | | U. SAGE CONTRACTS PTE LTD | 199601304H | GCV | Comprehensive | GBE7968L | GBE7968L | 24/03/2019 | 23/03/2020 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|---------------------------|-------------------|------------------|
| Policy No. | 5088522146-02 | Policyholder Name | U. SAGE CONTRACTS PTE LTD | Policyholder NRIC | 199601304H |
| Certificate No. | | | | | |
| Address | BLK 2 #01-669 BALESTIER ROAD BALESTIER HILL SHOPPING CENTRE SINGAPORE 320002 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | Group Policy Flag | N | | |
| Policy Issue Date | 05/03/2019 | Effective Date | 24/03/2019 00:00 | Expiry Date | 23/03/2020 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | TIMES INS BROKERS (MOTOR B | Agent Tel. | 62528888 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-----------------------------|
| Address 1 | BLK 2 #01-669 | Address 2 | BALESTIER ROAD | Address 3 | BALESTIER HILL SHOPPING CEN |
| Address 4 | SINGAPORE 320002 | Address Type | Singapore address | Post Code | 320002 |
| Unit No. | | Related Policy Number | 5088522146-02 | | |

▶ Insured Object: GBE7968L

Endorsements

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

Claim Handling

Accident MT/1048668

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5088522146-02 | Vehicle No. | GBE7968L | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | U. SAGE CONTRACTS PTE LTD | | | Policyholder NRIC |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | 86912117 | 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 | 12/06/2019 10:49 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 11/06/2019 | Time of Accident hh:mm | 09:50 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | CTE TOWARDS TUAS | | | |

Excess

| | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|
| Own damage Excess | 500.00 | 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 | Yes | GST Registration Date | 22/02/19 |
| GST Registration No. | M289232079 | GST Status Verified | Yes |
| Modification History | 12/06/2019 10:52:40 System changed GST Registered from No to Yes 12/06/2019 10:52:40 System changed GST Registration No. from null to M289232079 12/06/2019 10:52:40 System changed GST Registration Date from null to 22/02/1996 | | |

Policyholder Mailing Address

| | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 2 #01-669 | Address 2 | BALESTIER ROAD | Address 3 |
| Address 4 | SINGAPORE 320002 | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5088522146-02 | |

OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|------------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB |
| Unnamed driver Name | SEKAR GANESAN | Driver NRIC | G6607274L | Driving Experience |
| Register Date of Driver License | 16/01/2012 | Driver Age | 30 | Contact No.(Home) |
| Contact No.(Mobile) | 86912117 | Contact No.(Office) | 0 | Address 3 |
| Address 1 | U. SAGE CONTRACTS PTE LTD | Address 2 | | Post Code |
| Address 4 | | Address Type | Singapore 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 |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX

New

| | | | |
|---------------------------------|-----------------------------------|----------------------------------|--------------------|
| Claim Type * | OD-MX | Insured Name | U. SAGE |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | GBE7968L |
| Claim Description | GBE7968L / FN1242S ON 11 Jun 2019 | | |
| Preferred Workshop Finalisation | Yes | Insured Liability | Partially at Fault |
| Date Registered | | Preferred Workshop, Name unknown | GIA report |
| Report Taken By | | Received | |
| Print AX letter | | Claim Close Date | 12/06/2019 10:59 |
| | | Workshop Repairer | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1048668 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/06/2019 10:55 |
| 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 10:58 | NRIC/ Driving License | Normal | NRIC/ Driving License |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:57 | SAS | Normal | SAS 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:56 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:55 | Photos | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:55 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2019 10:55 | Photos | Normal | Photos |