

NATIONAL Assessment Centre Services

Part 1 Jan'03

MMA 119082517

| | | | |
|-------------------------------|--|-----------------------|---------------|
| Date In: 25/6/19 12:17 | Job description | Date & Time Completed | Done by |
| Ref No: NA1 INC 1901011161/64 | SAS e-filing | | |
| Veh No: X0 7771 G | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 24/6/19 14:50 | I-Motor Claim Form | M7/1050526-01 | 25/6/19 17:06 |
| OD: TP: Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whsp | | |

Preferred Whsp / INC Assign Whsp / QW: () Tel: () Fax: ()

| | | |
|-------------------------------|--|-----------------------|
| TP Particulars: | Veh No: SLN 533M | INC () / Non-INC () |
| Owner / Driver: () | Tel: () | |
| Policy No: () | Period: () | Cover Type: () |
| Confirmed by: () | Date: () | Time: () |
| Insured/Driver Liability: () | [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%] | |
| Year of Registration: () | Warranty: YBS () / NO () | |
| Excess: (\$) | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC 11011161/64)

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

Injury: ()

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|----------------------------|---------|----------|
| NA190487 | | Invoice Preparation Charge | Am (\$) | VAH (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30) | | 3000 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | INC (\$80) | | |
| Contact No: | 3) TP: Towing Fee | \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey | \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) | \$30 | | |
| Auditors Comments: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Ref. 1: | 6) TR: Re-Inspection | \$75 | | |
| Ref. 2/3: | 7) NI: Idao DA + SMRT Survey | \$160 | | |
| | 8) NTUC Additional Services: | | | |
| | 9) NI2: Idao Mobile | \$30 | | |
| | *N5: Courtesy Car / Tpt Allowance | \$5 | | |
| | *N6: Repairs Coordination | \$10 | | |
| | *N7: Post Repair Inspection | \$25 | | |
| | *N8: DV / Collect Excess Coordination | \$3 | | |
| | TP (N11): TP (IS-in INC) against INC | \$20 | | |
| | 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 | 25/06/2019 12:17 |
| Date Of Accident | 24/06/2019 14:50 |
| Exact Location Of Accident | LOYANG AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | XD7771G |
| Insured/Policyholder | |
| Name Of Registered Owner | BUILDIMATE (S) PTE LTD |
| Co Reg No | 197801401G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65895388 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | ISUZU |
| Model | CYZ52R |
| 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 | 5073306685-03 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | GAO JIKUN |
| NRIC No | G2285669W |
| Date Of Birth | 04/11/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/04/2015 |
| Driving Experience | 4 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91453856 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | 3 EUNOS AVENUE 8A EUNOS INDUSTRIAL ESTATE |
| Postcode | 409458 |
| 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? | |
| 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

I WAS TRAVELLING ALONG LOYANG AVE AT THE UP SLOPE, MY VEH ROLLED BACK TOUCH ONTO A VEH B (BEARING NO SLN533M) WHICH WAS BEHIND OF ME.

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 | SLN533M |
| 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

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:

GIA plan

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

[Signature]

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

SKETCH PLAN

A = XD7771 G

B = SLN 533 M

Layang Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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:

Gordon

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

[Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

GAO JIKUN

Birth Date: 04 Nov 1985
Issue Date: 03 Dec 2018
Valid Till 17/12/2023

002877048H

02285669W

For LKK/NAC Use Only

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

Employer:
BUILDMATE (S) PTE LTD

Name:
GAO JIKUN

S Pass No.
O 7570416-

Sector:
CONSTRUCTION

K0799346

For LKK/NAC Use Only

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

| | | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg | 18 Dec 2013 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg | 24 Mar 2014 |
| Class 5 | Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg | 02 Apr 2015 |
| | Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg | |

NP 428A

Licence No: 02285669W

For LKK/NAC Use Only

VISIT PASS
Immigration Regulations

Name:
GAO JIKUN

FIN:
G2285669W

Date of Birth:
04-11-1985

Nationality:
CHINESE

Sex:
M

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

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

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 : 5073306685-03

Cover : Comprehensive

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : XD7771G |
| Chassis Number | : JALCYZ52RD7000044 |
| 2. Name of Policyholder | : BUILDMATE (S) PTE LTD |
| 3. Effective Date of Insurance | : 02 Sep 2018 |
| 4. Expiry Date of Insurance | : 01 Sep 2019 |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$1,500 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : AWG INSURANCE BROKERS PTE LTD (00000690436)
Date of Issue : 21 Aug 2018 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1050526

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-------|
| Policy No. | 5073306685-03 | Vehicle No. | XD7771G | GST Registration No. | 19780 |
| Certificate No. | | | | | |
| Policyholder Name | BUILDMATE (S) PTE LTD | | | Policyholder NRIC | 19780 |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 65895388 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|--------|
| Report Date | 25/06/2019 17:02 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Date of Accident | 24/06/2019 | Time of Accident hh:mm | 14:50 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | LOYANG AVE | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 1,500.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

Benefits

| | | | |
|--------------------------|--|-------------|--|
| Coverage | | Sum Insured | |
| Third Party Working Risk | | 99999999.99 | |

GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/10/1998 |
| GST Registration No. | 197801401G | GST Status Verified | Yes |
| Modification History | 25/06/2019 17:04:11 System changed GST Registration Date from 01/01/2015 to 01/10/1998 25/06/2019 17:04:11 System changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-------------------|-----------------------|-------------------------|-----------|--------|
| Address 1 | 3 EUNOS AVENUE 8A | Address 2 | EUNOS INDUSTRIAL ESTATE | Address 3 | SINGA |
| Address 4 | | Address Type | Singapore address | Post Code | 409451 |
| Unit No. | | Related Policy Number | 5072281410-04 | | |

OI Driver Info

| | | | | | |
|---|--|---------------------|---------------------------|------------------------|--------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | GAO JIKUN | Driver NRIC | G2285669W | Driver DOB | 04/11/ |
| Register Date of Driver License | 02/04/2015 | Driver Age | 33 | Driving Experience | 4 |
| Contact No.(Mobile) | 91453856 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | 3 EUNOS AVENUE 8A | Address 2 | # EUNOS INDUSTRIAL ESTATE | Address 3 | SINGA |
| Address 4 | | Address Type | Singapore address | Post Code | 409451 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

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

Modification History

Claim 001 New

| | | | |
|--------------------------|----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | BUILDMATE (S) PTE LTD |
| Contact No.(Mobile) | | Contact No. (Home) | NIL |
| Email Address | admin@buildmate.com.sg | Vehicle Number | XD7771G |
| Claim Description | XD7771G / SLN533M ON 24 Jun 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault |
| Recover No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | LIEW SHAN HUI | | |
| | 25/06/2019 17:05 | Claim Close Date | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1050526 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 25/06/2019 17:06 |

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

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:06 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:06 | SAS | Normal | SAS 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:06 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:06 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Jun 2019 17:05 | Photos | Normal | Photos 2019-6-25 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|