

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119130011

Date In: 11/01/19 15:04	Job description	Date & Time Completed	Done by
Ref No: MA1INC19017276144	SAS e-filing		
Veh No: FBG 9789M	E-mail (within 2hrs, A/C 2hrs)		
TP DA: 27/19/19 23:45	I-Motor Claim Form	MT/1064926-001	11/01/19 16:07
() Reporting Only	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: SKL 1477H	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: 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 100111-6788/6616)	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	Action

MMA 1907358		Invoice/Registration Charge		Ass't (5)	
Claimant's Particulars:		1) AR: Accident Reporting (\$30):		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100):	INC (\$30)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Tel: ()		6) TR: Re-inspection	\$75		
		7) N1: Idao DA + SMRT Survey	\$160		
		8) NTUC Additional Services:-			
		ON:			
		*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 (N11) against INC	\$20		
		9) N12: Idao Mobile	\$0		
		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	01/10/2019 15:04
Date Of Accident	27/09/2019 23:45
Exact Location Of Accident	ALONG LOYANG AVE TWDS CHANGI CARGO COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9789M
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIZ BIN TAIB
NRIC No	S1237172A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91051371
Alternative Phone No	OFFICE-91051371

Vehicle Particulars

Manufacturer	YAMAHA
Model	XT1200Z
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5058200217-06
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN TAIB
NRIC No	S1237172A
Date Of Birth	01/11/1957
Occupation	INDOOR
Date Of Driving Pass	23/06/2009
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91051371
Fax Number	
Contact Number	OFFICE-91051371
Email Address	NOEMAIL

Address	BLK 422 TAMPINES ST 41 #01-160
Postcode	520422
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191001/2078

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	SKL1477H
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)

DETAILS OF INJURED PERSON 1

Name	ABDUL AZIZ BIN TAIB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG9789M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

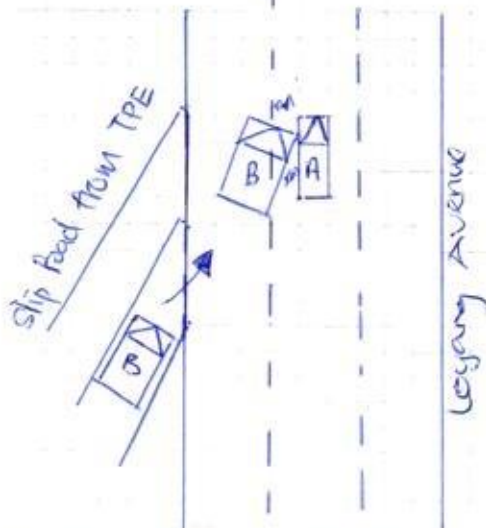
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



Vehicle A : FBG 978AM

Vehicle B : SKL1477H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

report no : T/2019001/2078

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.:

Vehicle No.	FBG 9789M	Model / Make	Yamaha XT1200Z
Date of Accident	27/9/2019		
Time of Accident	2345	HRS	
Location of Accident	Along Loyang Avenue towards Changi Cargo Complex		
Exact purpose use during accident			
Name of Owner	Abdul Aziz Bin Taib		
Telephone No.	H/P: 91051371	Home:	Office:
NRIC	B# S1237172A		
Address	Blk 422 Tampines Street 41 #01-160 S (520422)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5058200217-06		
Name of Driver	As Above If No,		
NRIC	Any Passengers: -		
Date of birth	01/11/1957		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	23/06/2009		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	SJF9248T
Relationship	Employee,	If no, state	Owner
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Abdul Aziz Bin Taib		
Name And Contact No.			
Police Report	No,	If Yes, Where?	Kampung Ulu NPP
Vehicle B No.	SKL 1477H	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Hit from left fall to the right		
Camera Recorder	Yes / No		
Email Address	abdulaziz_taiib@sats.com.sg		
PARTICULAR WORKSHOP	Moto S1 Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jacky		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20191001/2078

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20191001/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 13:10		Vide Report No.: T/20190928/2032		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: ABDUL AZIZ BIN TAIB			Address: APT BLK 422 TAMPINES STREET 41 #01-160 SINGAPORE 520422		
ID Type / ID No.: NRIC NO / S1237172A			Contact No.: Home/Office: Mobile: 91051371		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 01/11/1957	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CARGO ASSISTANT			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/09/2019 23:45	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE ALONG LOYANG AVENUE, TOWARDS CHANGI CARGO COMPLEX				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9789M	Motorcycle	YAMAHA	XT1200Z	Black		0
SKL1477H	Car	MERCEDES BENZ	CLA 200 (R18 SR)	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9789M	NTUC Income Insurance Co-Operative Limited	5058200217-06	25/02/2019	24/02/2020



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN TAIB	ID No.	S1237172A
Related Vehicle	FBG9789M (Motorcycle)	Contact No.	91051371
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	28/09/2019	Date Discharge	28/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the 27/09/2019, at about 2345hrs, I was travelling along Loyang Ave towards Changi on my motorbike, FBG9789M. The road was clear and I was travelling on the 2nd lane from the right. Right after I rode pass the slip road from TPE, a red car (SKL1477H) from the left side came from the slip road and drove diagonally towards my direction. I saw him coming and he collided onto me from the left.

After the collision, I fell off from my bike and onto the ground while my bike slide towards to 4th lane and hit the road divider. My back was in pain after the fall and I couldn't get up. There were also superficial cuts on my right forearm and some bruises on my right thigh. To the best of my knowledge, the other party did not suffer from any injuries. Traffic police came down to scene to investigate on the accident. I was then conveyed by ambulance to Changi General Hospital and given 5 days MC for my back injury. I do not have any camera installed on my bike. I have not seen my bike after the accident and is unsure of the damages that was sustained as a result of the accident. I also do not have the particulars of the other party.



**SINGAPORE
POLICE FORCE**



T/20191001/2078

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

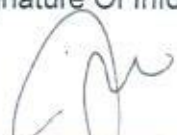
Report No. T/20191001/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 LIM HSI YUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 13:10
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MA JUNXIANG Contact No.: 65476251	Classification Of Case: 
Authentication Stamp NP168	 SIGNATURE

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

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"/>	5058200217-06		ABDUL AZIZ BIN TAIB	S1237172A	GMC	Third Party	FBG9789M	FBG9789M	25/02/2019	24/02/2020

Claim Handling

Accident MT/1064926

Policy No.	5058200217-05	Vehicle No.	FBG9789M	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL AZIZ BIN TAIB			Policyholder NRIC	S1237172A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91051371	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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[%]	20	Private Hire	No

▼ Accident Details

Report Date	01/10/2019 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	27/09/2019	Time of Accident h:mm	23:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOYANG AVE TWDS CHANGI CARGO COMPLEX				

▼ Excess

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

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 422 #01-160	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GARDENS
Address 4	SINGAPORE S20422	Address Type	Singapore address	Post Code	S20422
Unit No.		Related Policy Number	509840539-01		

▼ OI Driver Info

Driver Name	ABDUL AZIZ BINTAIB	Driver Type	Main Driver	Driver DOB	01/11/1957
Unnamed driver Name		Driver NRIC	S1237172A	Driving Experience	38
Register Date of Driver License	28/01/1981	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	91051371	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 422 #01-160	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GARDENS
Address 4	SINGAPORE S20422	Address Type	Singapore address	Post Code	S20422
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	ABDUL AZIZ BIN TAIB	Insured NRIC	S1237172A
Contact No.(Mobile)	91051371	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT		TP	
Claim Description		Vehicle Number	FBG9789M	Vehicle Number	SKL14
			FBG9789M / SKL1477H ON 27 Sept 2019	Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault		
Workshop No.	0	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	01/10/2019 16:06
Report Taken By				Date Received	01/10/2019
					LEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1064926	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/10/2019 16:07
Path *			
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		Clear	Please Select

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M:
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 01 Oct 2019 16:07		NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:07

SAS

Normal

SAS 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:07

Photos

Normal

Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:07

Photos

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Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

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Photos 2019-10-1



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01 Oct 2019 16:06

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01 Oct 2019 16:06

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01 Oct 2019 16:06

Photos

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Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

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Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

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Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

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Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

Normal

Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

Normal

Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

Normal

Photos 2019-10-1



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o
01 Oct 2019 16:06

Photos

Normal

Photos 2019-10-1

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading