NATIONAL Assessment Centre Services. port soring MWA 119152496 Done by Date & Time Completed Date In: Jeb description 18/11/19 17:40 Ref 1to. SAS c-filling MA/ INC 19020435/h4 Vich No. E-mail (within this, AIC 2his) SGV 3498 D 16/11/19 22:30. MILL I-Motor Claim Form m7/107/962-001 I-Motor W/O (Within; OD 2hts, TP +brs) (11) - 1P / Reporting Only I-Photo Uploaded Assessment/Survey Report III Insurer: Ass't Report by Fax / Hand to Owner/Wkop Proformi Wiesp / IEC Assign Wiesp / QW: ( Fax: Tol: TP Particulars: Veh No: INC ( )/Non-INC ( Unknown. Owner/Driver: ( Tcl: ) Policy No: ( Period: ( Cover Type: ( Confirmed by: ( Date: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: ( Warranty: YES ( )/NO( Execus: (\$ Loading: \$1,000 ( )/\$2,000( Concentration hales as a separate diagram of very material concentration of the concentration ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ( )/Towed-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co: ( Controls: 2006 hounter confictions and the 1) Apply for Transfort Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection -)- Upload Resurvey Photo [Repair Cost > \$3000] Injury: ASS STELLE PLANTED IN MA 1908627 Chumul's Particulary is 1) Alt 1 Acoldent Reporting (530); INC (550) 2) DA : Damege Assessment (5100); \$40/\$45 3) Tr : Towing Fee Driver/Owner: \$120 4) PT : Pollow-Through Survey 5) PT : Pollow-Through Survey (Resurvey) \$30 Contact No: For claiming atalest INC Only (wof 10 Jan 200) \$75 6) TR : Re-Inspection Damaged Portion: 2160 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-On. QC Checked by (Engr-In-Charge): \$5 \*NS; Courtesy Cas / Tpt Allowance 310 \*N6: Repair Co-ordination \$ 7.5 \* N7; Post Repair Inspection Auditors Comments \*Na: DV / Collect Excess Coordination 35 TP (N11): TP (Kin INC) against INC \$20 'al, ); 9) N12: Idao Mobile ANNE PAR Fee Charged Invalor dated \* 1/35 MALIN Fee Charged Involve dated

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

AND THE REPORT OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	18/11/2019 17:40
Date Of Accident	16/11/2019 22:30
Exact Location Of Accident	BUKIT TIMAH RD JUNC WITH CAVENAGH RD
Country/State of Loss	SINGAPORE
to be the second and the second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV3498D
Insured/Policyholder	
Name Of Registered Owner	STK AUTO (S) PTE. LTD.
Co Reg No	201539883N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91237949
Vehicle Particulars	
Manufacturer	SUBARU
Model	SX4
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	5101191794-01
Cover Note Number	
Driver	
Name of Driver	JIA HONGFENG
NRIC No	S2725927H
Date Of Birth	23/11/1964
Occupation	INDOOR
Date Of Driving Pass	20/07/2018
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93670171
Fax Number	

NOEMAIL

Address BLK 223 JURONG EAST ST 21 #04-919

Postcode 600223

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 NO

Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver)

## **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 STOP AT THE TRAFFIC JUNC OF BUKIT TIMAH RD & CAVENAGH RD DUE TO RED LIGHT, WHEN THE LIGHT TURN GREEN, I WAS ABOUT TO MOVE, THEN I FELT AN IMPACT FROM BEHIND. DUE TO THE MINOR IMPACT, I NEVER ALIGHTED FROM MY VEH AND I CONTINUE TO DROVE OFF.

# Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

HAVENT RETRIEVE

Remarks/ Reasons: Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

UNKNOWN

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.

Driver's Signature

Date & Time: (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

CIARLE SWEEPPlanton VI

Policyholder's Signature

3

nagh Rd		1			A =	SGV 34
						Unknow
	S OF THE ACCIDENT		timah	Rol		
Please	Refer	+0	Staten	~evi	4	
			<i>(</i>			

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.:

<b>eBao</b> Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_800601			The state of the s			, Chan	ge Languag	e • Chan	ge Password	, Log Or	
		cy Query									
Notice of Loss	Policy	No.				Date	of Accident		16/11/2019	17:37	
	Vehicle	No.(For Motor)	SGV3	498D		Cert	ificate Numb	ег	-		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NR1C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5101191794- 01		STK AUTO (S) PTE, LTD.	201539883N	GPC	drivo CLASSIC	SGV3498D		13/06/2019	12/06/2020
					F	Continue	1				

## Claim Handling

Accident	MT/107196
Policy No.	

Contact No.(Mobile)  Email Address  Claim Description  Preferred								
Actionate Name		5101191794-01	Vehicle No.	5GV349BD		(	GST Reg	stra
Part   Color   Control	Certificate No.							
Contract Nucleable   Contrac	Policyholder Name	STK AUTO (S) PTE, LTD,					Policyhol	der
Special Remark	Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC			Loading	
Part	Contact No.(Mobile)	91237049	Contact No.(Office)	B (100 C) (100 C)			Contact	No.
NCD Entitlement(%)   20   1   1   1   1   1   1   1   1   1	Email Address		Special Remark				eCode	150
Report Date	KFK	No Yes	TCA	No Yes			eCode R	aso
Manual	NCD Protection	No	NCD Entitlement(%)	20			Private H	
Mapping   Centre   Mapping   C	Accident Details							1000
Date of Accoder to Notice	Report Date	19/11/2019 10:00	Accident Report Within 24 hrs.	Yes			Accident	Den
Report	Date of Accident	16/11/2019	Time of Accident hhimm				Country	
Accidence   Content   Co	Reporting Centre							P A
Part   Excess Applicable   Part Accident   P	Accident Location	BUKIT TIMAH RO JUNE WITH CAVENAGH R				1.0	CM No.	
OB Standard Excess	Total Excess Applicable							
VIED DD Excess	Excess Type	Per Accident	Windscreen Excess		100.00			
VIED DD Excess	200 0 000							
Additional Excess		2,000.00	TP Standard Excess		1.500.00			
Total CO Excess Applicable   2,500.00   Total TP Excess Applicable   1,500.00		500.00	YJED TP Excess		0.00	D	Driver is	Cov
		0.00						
CST Registered Information	Total OD Excess Applicable	2,500,00	Total TP Excess Applicable		1,500.00			
CST Registration No.	<b>Benefits</b>							
	<ul> <li>GST Registered Information</li> </ul>	tion						
Modification History		Yes		GST Regis	stration Date			23,
Policyholder Halling Address  Address 2 Address 4 Address 3 Address 4 Address 5 Address 4 Address 5 Address 5 Address 5 Address 6 Address 7pe Singapore address Singapore addr	GST Registration No.				s Verified			You
Moderes 1	Modification History	19/11/2019:10:03:38:Sys	them changed GST Registration No. from no	HIT TO JUST ERRORS TO				
Address 4 Address Type Singapore address Singapore Address Type Singapore address Singapore Address Type Singapore Address Singapore Addre	Policyholder Mailing Add		stem changed GST Registration Date from i	null to 23/05/2016				
Address 4	Address 1	8 KAKI BUKIT AVENUE 4	Address 2	manal markets	m PAPERIUM		ddress 3	
Martin   M	Address 4				6 Yayi DOYLI			
Driver Name  Unnamed Driver  Unnamed Driver  Unnamed Driver  Driver Name  Unnamed Driver  Segister Date of Driver License  20/07/2018  Driver Age  54  Contact No.(Mobile)  926/01/71  Contact No.(Mobile)  404/01/9  Does he own a Singappre  Registered car?  Yes * No  Driver Vehicle No.  Breathabyser or Blood Test  Reading?  On mg  Any injury?  Ves * No  Driver Vehicle No.  Claim 19pe *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop  Next  Preferred Workshop  Not at Fault  Preferred Workshop  Next  Registered  Option  Not at Fault  Preferred Workshop, Name unknown Preferred Work	Unit No.						ost Code	
Uniamed driver Name  Driver NRIC  S27259274  Register Date of Driver License  2007/2018  Driver Age 54  Contact No.(Mobile)  320711  Contact No.(Office)  Address 2  JURONG EAST STREET 21  Address 3  Address 4  Unit No.  \$04-919  Does he own a Singapore Registered Car?  Perferred Workshop Perferred Workshop, Name unknown  Perferred Workshop Name  Registered Car  Registered  Driver NRIC  S27259274  S17259274  S172592	OI Driver Info							
Uniamed driver Name   Driver N	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Register Date of Driver License Contact No.(Mobile) 916/20171 0contact No.(Office) 0ddress 1 8L \$313 Address 2 Address 3 Address 4 Address 3/pe Singapore address Unit No. 901-919 Does he own a Singapore Registered car? Yes * No Priver Vehicle No.  Decidaration Modification History Claim 101 OD-MX Nex  Claim 17pe * Contact No.(Mobile) Email Address Claim Description Preferred Worksnop Preferred Worksnop Option Preferred Worksnop Option Preferred Workshop, Name unknown Preferred Workshop, Name unknown Registered Registered  Preferred Workshop, Name unknown Registered  Preferred Received Registered  Preferred Workshop, Name unknown Received Registered  Preferred Received R	Unnamed driver Name	JIA HONGFENG				D	river DO	dz
Contact No. (Mobile)  Address 1  BLK 233  Address 2  Address 3  Address 4  Address 1ype  Singapore address  Feethed year of Blood Test  Claim 091 0D-MX  Next  Claim 1ype 4  Contact No. (Mobile)  Claim 2	Register Date of Driver License	20/07/2018						
Address 1 Address 2 Address 7 Address 7 Address 7 Address 7 Address 8 Address 7  Preferred Workshop, Name unknown 1 Address 7  Any injury 7  Any injur	Contact No.(Mobile)		The same of the sa				riving Ex	
Address Type Singapore address Unit No. #04-919 Does he way a Singapore Registered Car?  Yes No Driver Vehicle No.  Declaration  Breathlyser or Blood Test Oring  Modification History  Claim 001 OD-Mx Nexx  Claim 1ype -  Contact No.(Mobile)  Email Address  Claim Description  Email Address  Claim Description  Preferred Workshop, Name unknown Regair Option  Regair Option  Preferred Workshop, Name unknown Registered  Regair Option  Regair Option  Regair Option  Regair Preferred Workshop, Name unknown Received Recei	Address I						ontact N	2.61
Unit No. # 01-919  Does he own a Singapore Registered Car? Yes No Driver Vehicle No.  Declaration  Perclaration  Modification History  Claim 001 OD-MX Nex  Claim 1/pe - OD-MX  Contact No.(Mobile)  Email Address  Claim Description  Email Address  Claim Description  Preferred Workshop, Name unknown Registered  Option  Preferred Workshop, Name unknown Registered  Report Taken By  Report Taken By  Preferred Workshop, Name unknown Received Recei	Address 4	Partitives.			EE   21		ddress 3	
Declaration  Breathalyser or Blood Test 0 mg Any injury? Yes = No  Modification History  Claim 001 OD-MX Nex  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop, Name unknown Preport  Report Taken By  Report Taken By  Preferred Vorkshop, Name unknown Received Rec	Unit No.	404.010	Address Type	Singapore address		Po	ost Code	
Registered car?  Test and Driver Vehicle No.  Declaration  Breathalyser or Blood Test 0 mg Any injury? Yes No  Modification History  Claim 001 0D-MX Nex  Claim 1ype *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop, Name unknown Preferred Registered  Report Taken By  ROSLINDA  ROSLINDA  ROSLINDA								
Breathalyser or Blood Test Reading?  Modification History  Claim 001 OD-MX Nex  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop, Name unknown Preferred Received Preferred Workshop, Name unknown Preferred Repair Option  Report Taken By  Any injury?  Yes No  OD-MX  O		Yes + No	Driver Vehicle Na.			Dr	river Ins	ure
Reading? Any Injury? Yes No  Modification History  Claim 001 OD-MX Nex  Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop Name unknown Preferred Workshop Preferred Workshop Preferred Workshop Name unknown Preferred Prefer	Declaration							
Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop P		0 mg	Any injury?	Yes - No				
Claim Type *  Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop P	6. de							
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Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop Preferred Workshop Preferred Repair Finalisation Option  Report Taken By  Received  ROSLINDA	Claim 001 OD-MX New							
Contact No.(Mobile)  Email Address  Claim Description  Preferred Workshop Preferred Workshop Preferred Workshop Preferred Repair Finalisation Option  Report Taken By  Received  ROSLINDA								
Email Address  Claim Description  Preferred Workshop Preferred Workshop Preferred Finalisation Date Registered  Report Taken By  SGV3498D / UNKNOWN ON 16  For a Side And Address  SGV3498D / UNKNOWN ON 16  SGV3498D / UNKNOWN ON 16  For a Side And Address  SGV3498D / UNKNOWN ON 16  For a Side And Address  SGV3498D / UNKNOWN ON 16  For a Side And Address  SGV3498D / UNKNOWN ON 16  For a Side And Address  SGV3498D / UNKNOWN ON 16  For a Side And Address  SGV3498D / UNKNOWN ON 16  For a Side And Address  Received  For a Side And Address  For a Side And Ad	Claim Type *				OD-MX	Ni	isured ame	5
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Report Taken By  Preferred Workshop, Name unknown  ▼ GIA report  Received  19/11/2019 10:18  ROSLINDA	Workshop	Insured Liability Not at Fau	dt V					
Date Registered 19/11/2019 10:18  Report Taken By	Consider No. You	▼ Repair Preferred Workshop, N	Name unknown . GIA Received	•				
Report Taken By		Option	report		19/11/2019 10-18		aim ose	
ROSLINDA						Da		
	Report Taken By				ROSLINDA		orkshop	
Third OV letter	Print AV letter				Ben Destroy William	Re	pairer	

Save Submit Attachment Accident No. MT/1071962 Claim No. Last Doc. Received Yes No Upload Date Path + Category \* Confide Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Chaose File No file chosen Clear Please Select NO Choose File No file chosen · NO Clear Please Select Message Read Attachment List Attachment Uploaded By/Date Category Urgency NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:18 NRIC/ Driving License Normal NRIC/ Dr NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:18 SAS Normal NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:1B Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:11 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:11 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 19 Nov 2019 10:11 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:11 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:11 Photos Normai NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Nov 2019 10:11 Photos Normal Video List Uploaded By/Date Folder Date File Name

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