

| | | | |
|--------------------------------|---|------------------------|----------|
| Date In: 8/11/20 09:08 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/INC 20000501/64 | E-mail (within 3hrs, AIC 2hrs): | | |
| Veh No: SKR 6763S | I-Motor Claim Form: MT/1076147 ⁰⁰² | 8/11/20 14:28 | |
| ICLA: 15/12/19 04:40 | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD - IP: <u>Repairing</u> Only | I-Photo Uploaded: | | |
| IP Insurer: | Assessment/Survey Report: | | |
| | Ass't Report by Fax / Hand to Owner/WK32: | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assgn Wksp / GW: (| Tel: | Fax: |
| IP Particulars: | Veh No: SGP 7193M. | 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 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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| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| NA 2000407 | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| 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) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claimant against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11): TP (Non INC) 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 | 08/01/2020 09:08 |
| Date Of Accident | 15/12/2019 04:40 |
| Exact Location Of Accident | SINGAPORE CHECKPOINT TWDS SINGAPORE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKR6763S |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG SIN KIAT |
| NRIC No | SXXXX486D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90745719 |
| Alternative Phone No | OFFICE-90745719 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5108462527 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG SIN KIAT |
| NRIC No | SXXXX486D |
| Date Of Birth | 29/09/1966 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/08/1984 |
| Driving Experience | 35 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90745719 |
| Fax Number | |
| Contact Number | OFFICE-90745719 |
| Email Address | NOEMAIL |

| | |
|---|----------------------|
| Address | 98 LOR N TELOK KURAU |
| Postcode | 425250 |
| 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 | SIDE SWIPE |
| 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

REFER TO 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 | SGP7193M |
| 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) | |

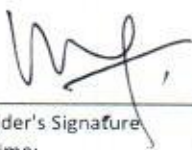
SKETCH PLAN

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:

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



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

SKETCH PLAN

A = SKR 6763 S

B = SGP 7193 M



Rolled back

Singapore checkpoint towards Singapore.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:

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

I WAS QUEUING INSIDE THE SINGAPORE CHECKPOINT, VEH B WAS INFRONT OF ME, WHEN VEH B MOVE FORWARD, I ALSO FOLLOW TO MOVE, SUDDENLY VEH B BRAKE HARD, I ALSO MANAGE TO STOP, VEH B ROLLED BACK HIT ONTO MY VEH FRONT PORTION. WE ALIGHTING FROM OUR VEH AND CHECK ON OUR CAR, BOTH VEH NO DAMAGE. WE NEVER EXCHANGE ANY PARTICULAR THEN LEAVE THE SCENE. AFTER FEW WEEK LATER, I RECEIVED LETTER FROM MY INSURANCE COMPANY AND INFORM ME THE VEH B HAD CLAIMS ON MY INSURANCE. I COME DOWN TO IDAC AND MAKE AN ACCIDENT REPORT.

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 12 / 19. (DD/MM/YYYY), TIME: 04 40. (HH:MM)

LOCATION: Singapore checkpoint twd Singapore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 6763 S
b) INSURANCE COMPANY: Inc
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: ong sin kiat (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 9074 5719.
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner.

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: SAP 7193 M. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

* License

Email = kingsegab6@gmail.com

fax = Yes,

VIDEO = overwrite

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="07/01/2020 15:49"/> |
| Vehicle No.(For Motor) | <input type="text" value="SKR6763S"/> | 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"/> | 5108462527 | | ONG SIN KIAT | S1771486D | GPC | drive CLASSIC | SKR6763S | SKR6763S | 26/03/2019 | 25/03/2020 |

Our Ref: MT/CA/TP/001/1076147-001/JL/VU

17 Dec 2019

ONG SIN KIAT
98 LORONG N TELOK KURAU
SINGAPORE 425250

Dear Policyholder

CLAIM NUMBER: MT/1076147-001
ACCIDENT INVOLVING SKR6763S / SGP7193M on 15 Dec 2019

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

Claim Handling

Accident MT/1076147

| | | | | | |
|---------------------|-----------------------|---------------------|---------------|----------------------|-----------|
| Policy No. | 5108462527 | Vehicle No. | SKR67635 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ONG SIN KIAT | Cover Type | drive CLASSIC | Policyholder NRIC | 517714860 |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | NIL | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | No Yes | eCode | No |
| KFK | No Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | | | Private hire | Yes |

▼ Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 17/12/2019 16:34 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 15/12/2019 | Time of Accident hh:mm | 04:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG WOODLANDS CROSSING TOWARDS SINGAPORE | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| YIED OD Excess | | YIED TP Excess | | Driver is Covered? | Not Applicable |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | | |

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-------------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 98 LORONG N TELOK KURAU | Address 2 | SINGAPORE 425250 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 425250 |
| Unit No. | | Related Policy Number | 5108462527 | | |

▼ OI Driver Info

| | | | | | |
|---|--------|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002

New

| | | | | | |
|---------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | ONG SIN KIAT | Insured NRIC | 517714860 |
| Contact No.(Mobile) | | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SKR67635 | TP Vehicle Number | SGP7193M |
| Claim Description | SKR67635 / SGP7193M ON 15 Dec 2019 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop | 0 | Insured Liability | Not at Fault | GIA report | Received |
| Workshop No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, name unknown | Claim Close Date | 08/01/2020 14:28 |
| Date Registered | | | | Date Received | 08/01/2020 |
| Report Taken By | LEW SHAN HUI | | | | |

Print AK letter

Save

Submit

Attachment

| | | | |
|----------------------------|------------|-------------|-------------------------|
| Accident No. | MT/1076147 | Claim No. | 002 |
| Last Doc. Received | Yes No | Upload Date | 08/01/2020 14:28 |
| Path * | | Category * | Confidential Urgency * |
| Choose File No file chosen | | Clear | Please Select NO Normal |
| Choose File No file chosen | | Clear | Please Select NO Normal |
| Choose File No file chosen | | Clear | Please Select NO Normal |
| Choose File No file chosen | | Clear | Please Select NO Normal |
| Choose File No file chosen | | Clear | Please Select NO Normal |
| Choose File No file chosen | | Clear | Please Select NO Normal |
| Message Read | | Clear | Please Select NO Normal |

▼ Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | M: |
|--|-----------------------|----------|---------|--------------------------------|----|
| NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SERVICES) a | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-8 | |
| | 08 Jan 2020 14:28 | | | | |



Video List

| | | | | |
|--|-----------------------|---|--------|--------------------------------|
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:28 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:28 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:28 | SAS | | Normal | SAS 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:28 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:28 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:27 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:27 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:27 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:27 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:27 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:27 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:26 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:26 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:26 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:26 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:26 | Photos | | Normal | Photos 2020-1-8 |
| NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Jan 2020 14:26 | Photos | | Normal | Photos 2020-1-8 |

Uploaded By/Date Folder Date File Name ? Source
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