

NATIONAL Assessment Centre Services: [ver 1 Jan 2003] MNA 12000 5396.

| | | | |
|---------------------------------|--|------------------------|----------------|
| Date In: 13/11/20 13:43 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA/INC 20000799164 | E-mail (within 3hrs, A/C 2hrs) | | |
| Veh No: SJM 594R | I-Motor Claim Form | M7/1079870 001 | 13/11/20 18:27 |
| TP Insurer: (TP) 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/WRSP | | |

| | | |
|--|---|-----------------------|
| Produrt Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBE 5854 U. | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA 2000498 | Invoice Preparation Checklist: | Am (\$) | Adm (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (wof 10 Jan 2003) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idan 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: Idan 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 | 13/01/2020 13:43 |
| Date Of Accident | 10/01/2020 10:20 |
| Exact Location Of Accident | 85 DEFU LANE 10 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | SJM594R |
| Insured/Policyholder | |
| Name Of Registered Owner | AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD |
| Co Reg No | 2XXXXX185K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90229995 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | FIT |
| Exact Purpose for which vehicle was being used at time of accident | PARKED |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5110029694 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHAN KA MUN ANDY |
| NRIC No | SXXXX655H |
| Date Of Birth | 11/12/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/10/2005 |
| Driving Experience | 14 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97247197 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 113 BEDOK RESERVOIR RD #01-240 |
| Postcode | 470113 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

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 Witness 1

| | |
|---------------|----------|
| Name | MOON |
| Phone Number | 94246047 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBE5854U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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 = SJM 594 R

B = GBE 5854 U

85 Defu Lane 10 Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was parked in 85 Defu Lane 10 premises when the accident happened. When I came down after my meeting, parker by and the security officer, Moon (94246047) informed me that ~~the~~ someone had collided onto my Car.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 01 / 2020) (DD/MM/YYYY). TIME: (10 : 00) (HH:MM)

LOCATION: 85 Defu Lane 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: UM 54R
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Fit
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked.
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9022 9995
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chan La Mun, Andy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 813965H CONTACT: 9724 7197
 c) ADDRESS: 113 Bedok Reservoir Road #01-240

*d) DATE OF BIRTH: (11 / 12 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14 +

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental Company

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

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: GBR5854U 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)
(0)

*No of passengers
 (including driver)
()

*No of passengers
 (including driver)
()

witness name - Moon.

94246047

Email =

Cema81@gmail.Com

Richardyeo - 1980@yahoo.com.sg

Fax =

VIDEO = No.

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5110029694-000015

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJM594R**
 Chassis Number : **GE61093174**
2. Name of Policyholder : **AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD**
3. Effective Date of Insurance : **19 Jun 2019**
4. Expiry Date of Insurance : **18 Jun 2020**
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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) | : N/A |
| EXCESS (SECTION 2) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : N/A |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

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 : **ALPINE FINANCIAL PTE. LTD. (00000610144)**
 Date of Issue : **30 May 2019 17:37 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1079870

| | | | | | |
|---|---|-------------------------------|----------------------|------------------------|-----------------------|
| Policy No. | \$110029694 | Vehicle No. | SJM594R | GST Registration No. | |
| Certificate No. | \$110029694-000015 | | | | |
| Policyholder Name | AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD | | | Policyholder NRIC | 201914185K |
| Product Code | FLEET MASTER INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 90229995 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| ▼ Accident Details | | | | | |
| Report Date | 13/01/2020 18:23 | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whilst parked |
| Date of Accident | 10/01/2020 | Time of Accident hh:mm | 10:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 85 DEPU LANE 10 CARPARK | | | | |
| ▼ Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 1,500.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 0.00 | 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 | BLK 79B #29-17 | Address 2 | TOA PAYOH CENTRAL | Address 3 | CENTRAL HORIZON |
| Address 4 | SINGAPORE 312079 | Address Type | Singapore address | Post Code | 312079 |
| Unit No. | 29-17 | Related Policy Number | \$110029694 | | |
| ▼ O1 Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | CHAN KA MUN ANDY | Driver NRIC | SXXXX655H | Driver DOB | 11/12/1981 |
| Register Date of Driver License | 27/10/2005 | Driver Age | 38 | Driving Experience | 14 |
| Contact No.(Mobile) | 97247197 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 113 #01-240 | Address 2 | BEDOK RESERVOIR ROAD | Address 3 | EUNOS VISTA |
| Address 4 | SINGAPORE 470113 | Address Type | Singapore address | Post Code | 470113 |
| Unit No. | 01-240 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | | |
| Modification History | | | | | |

Claim 001 New

| | | | | | | | |
|-------------------------|-----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|---------------|------------------|
| Claim Type * | OD-MX | Insured Name | AURORA CAR RENTAL & LEASING | Insured NRIC | 201914185K | | |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | NIL | | |
| Email Address | | O1 Vehicle Number | SJM594R | TP Vehicle Number | GBE58 | | |
| Claim Description | SJM594R / GBE5854U ON 10 Jan 2020 | | | | Name of Preferred Workshop | 0 | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault | | | | |
| Report No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GSA report | Received | | |
| Date Registered | | | | Claim Close Date | | Date Received | 13/01/2020 18:26 |
| Report Taken By | | | | | LEW SHAN HU1 | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|----------------|-------------|------------------|
| Accident No. | MT/1079870 | Claim No. | 001 |
| Last Doc. Received | Yes No | Upload Date | 13/01/2020 18:27 |
| 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) o 13 Jan 2020 18:27 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:27 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:27 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | SAS | | Normal | SAS 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jan 2020 18:26 | Photos | | Normal | Photos 2020-1-13 | |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source |
|------------------|-------------|-----------------------|--------------------|--------|
| | | Display in New Window | Scan and uploading | |