

NATIONAL Assessment Centre Services

(Rev. 12-10-21)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 29/01/20 | Job description | Date & Time Completed | Done by |
| Ref No. NA/INC20001590/13 | SAS e-filing | | |
| Veh No: SFT6167L | E-mail (w/dm 3hrs, A/C 2hrs) | | |
| D.O.A: 28/01/20 1735 | i-Motor Claim Form | MT/1082101-001 | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner / Wksn | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (TWINCAR | Tel: | Fax: |
| TP Particulars: | Veh No: GR666954 | 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%. F: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|-------------------------|---|----------------------|-----------------------|
| NA2000985 | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add Bill |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: Courtesy Car / Tp 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: Idao Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Cal. 1:

Cal. 2 / 3:

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 | 29/01/2020 19:14 |
| Date Of Accident | 28/01/2020 17:35 |
| Exact Location Of Accident | BLK 539 BEDOK NORTH ST 3 CARPARK |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SFT6167L |
| Insured/Policyholder | |
| Name Of Registered Owner | YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) |
| NRIC No | SXXXX765B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98799839 |
| Alternative Phone No | OTHERS-98799839 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | 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 | THIRD PARTY |
| 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 | 5115305635 |
| Cover Note Number | |
| Driver | |
| Name of Driver | YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) |
| NRIC No | SXXXX765B |
| Date Of Birth | 16/09/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/04/2006 |
| Driving Experience | 13 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98799839 |
| Fax Number | |
| Contact Number | OTHERS-98799839 |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 288C PUNGGOL PLACE #09-839 |
| Postcode | 823288 |
| 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 - 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? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| 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) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |

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

PLS REFER TO THE ATTACHED 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 | GBG6695U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | TAN KET LEE |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|--|
| Name | YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SFT6167L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| 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.

X

Las

Policyholder's Signature
Date & Time:

Las

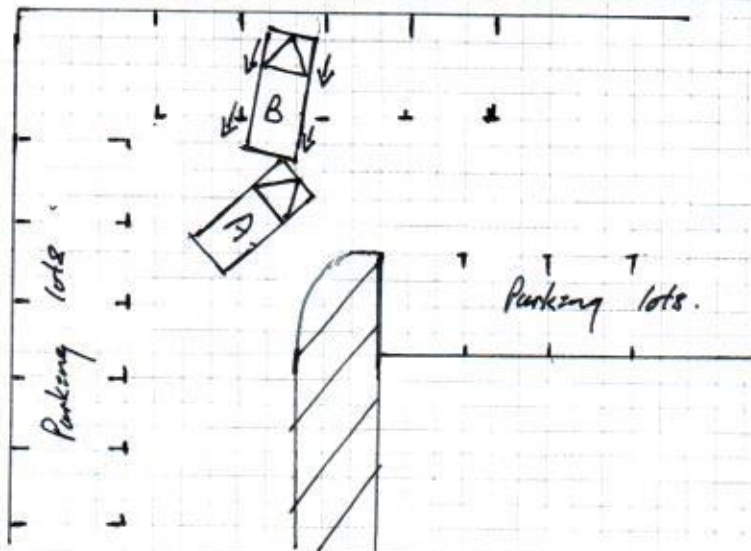
Driver's Signature
(If driver is not the policyholder)
Date & Time:

sfyur 29/01/20

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

SKETCH PLAN

BLK 539.
Bedok North Street 3.



(A) SFT 6167L.
(B) GBB 6695U.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/01/2020 at @ 1735 hrs, I was travelling in my vehicle (SFT 6167L) entering into the open carpark of BLK 539 Bedok North Street 3. I was driving in the carpark looking for parking lot. Somewhere near to BLK 539, a van (GBB 6695U) suddenly reversed without checking and collided onto the front left portion of my vehicle.

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. | SFT 6167 L | Model / Make | Toyota Altis. |
| Date of Accident | 28/01/2020. | | |
| Time of Accident | 1735 HRS | | |
| Location of Accident | BLK 539, Bedok North Street 3 (Open Carpark). | | |
| Exact purpose use during accident | Private Used. | | |
| Name of Owner | Yeo Woon Ching, Jaeger. | | |
| Telephone No. | H/P: 9879 9839. | Home: | Office: |
| NRIC | S7928765B | | |
| Address | BLK 288C Punggol Place #09-839 (R) S23288. | | |
| Claim type | OD <u>THIRD PARTY</u> REPORTING ONLY | | |
| Insurance Company | NTUC. | | |
| Type of Coverage | <u>Comprehensive</u> | Third Party | Third Party / Fire / Theft |
| Policy No. | 5115305635. | | |
| Name of Driver | <u>As Above</u> If No, | | |
| NRIC | Any Passengers: 01 (F). | | |
| Date of birth | 16/09/1979. | | |
| Occupation | <u>Outdoor</u> | 1 | Indoor |
| Driving License Pass Date | 13/04/2006. | | |
| Gender | <u>Male</u> | Female | |
| Contact No. | H/P: | Home: | Office: |
| Address | | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state <u>owner</u> . | |
| Weather condition | <u>Clear</u> | Raining | Other |
| Road Surface | <u>Dry</u> | Wet | Other |
| Any Injuries | No, | <u>If Yes, Who?</u> | |
| Name And Contact No. | Yeo Woon Ching, Jaeger (H/P. 9879 9839). | | |
| Name And Contact No. | | | |
| Police Report | <u>No,</u> | If Yes, Where? | |
| Vehicle B No. | G8G 6695U. | Any Passengers: | 01 (F). |
| Name of Driver | Tan Ket Lee. | 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 | N.A. | Witness Contact: | N.A. |
| Accident Portion | <u>Left front portion</u> . | | |
| Camera Recorder | Yes <u>No</u> | | |
| Email Address | jagyeo.united@gmail.com. | | |
| | | | |
| | | | |
| PARTICULAR WORKSHOP | Tmcar. | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Ting. | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

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: 5115305635

Cover : drive CLASSIC

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SFT6167L |
| Chassis Number | : MRO53REE104113052 |
| 2. Name of Policyholder | : YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) |
| 3. Effective Date of Insurance | : 04 Jan 2020 |
| 4. Expiry Date of Insurance | : 03 Jan 2021 |
| 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) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HONG LEONG FINANCE LIMITED |
| 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 : INSURE LINK PTE LTD (00000614836)
 Date of Issue : 03 Jan 2020 18:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

The premium on this policy has not been collected

Accident MT/1082101

| | | | | |
|---|--|-------------------------------|-------------------|----------------|
| Policy No. | 5115305635 | Vehicle No. | SFT6167L | GST Registrat |
| Certificate No. | | | | |
| Policyholder Name | YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) | | | Policyholder I |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | (drive) CLASSIC | Loading |
| Contact No.(Mobile) | 98799839 | Contact No.(Office) | 0 | Contact No.(H |
| Email Address | | Special Remark | | eCode |
| KFK | No Yes | TCA | No Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 50 | Private Hire |
| Accident Details | | | | |
| Report Date | 29/01/2020 19:58 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 28/01/2020 | Time of Accident hh:mm | 17:35 | Country of Ac |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | BLK 539 BEDOK NORTH ST 3 CARPARK | | | |
| 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 | 0.00 | YIED TP Excess | 0.00 | Driver is Cow |
| Additional Excess | 0.00 | | | |
| Total OD Excess Applicable | 2,000.00 | 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 288C #09-839 | Address 2 | PUNGGOL PLACE | Address 3 |
| Address 4 | SINGAPORE 623288 | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5115305635 | |
| OI Driver Info | | | | |
| Driver Name | YEO WOON CHING, JAEGER (YANG YUNJIN, JAEGER) | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S7928765B | Driver DOB |
| Register Date of Driver License | 01/03/2005 | Driver Age | 40 | Driving Exper |
| Contact No.(Mobile) | 98799839 | Contact No.(Office) | 0 | Contact No.(I |
| Address 1 | BLK 288C #09-839 | Address 2 | PUNGGOL PLACE | Address 3 |
| Address 4 | SINGAPORE 623288 | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insure |
| Declaration | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | Yes No | |

Modification History

Claim 001 OD-MX **New**

| | | | |
|-------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | Y |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | Q1 Vehicle Number | S |
| Claim Description | SFT6167L / GBG6695U ON 28 Jan 2020 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Repair No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | | |
| Print AK letter | | | |

Save

Submit

Attachment

Accident No.:

NT/10R2101

Claim No.:

001

Last Doc. Received

* Yes No

Upload Date

29/01/2020 00:00

Path

Category *

Confid:

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

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | ? | Urgency | |
|---|--|-----------------------|---|---------|----------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | NRIC/ Driving License | Y | Normal | NRIC/ Dr |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | NRIC/ Driving License | Y | Normal | NRIC/ Dr |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | SAS | | Normal | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:03 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:02 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:02 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:02 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:02 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:02 | Photos | | Normal | P |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:02 | Photos | | Normal | P |

Video List

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

Display in New Window

Scan and uploading