

NATIONAL Assessment Centre Services

[wef 1 Jan 2015] MHA 00014026

Date In: 31/1/15 - 13:38	Job description	Date & Time Completed	Done by
Ref No: NA/NCV081630/14	SAS e-filing		
Veh No: J12142	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/1/15 - 18:00	i-Motor Claim Form	NA/1081396-000	31/1/15 15:47
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars:	Veh No: J12142	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

NA0000901	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: 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)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	* N5: Courtesy Car / Tpl 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: Idac 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 willful 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 to 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	31/01/2020 13:38
Date Of Accident	21/01/2020 18:00
Exact Location Of Accident	NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ64Z
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	2XXXXX179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200 BLUEEFFICIENCY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5108639457
Cover Note Number	

Driver

Name of Driver	SOEN LEH KENG
NRIC No	SXXXX535H
Date Of Birth	02/09/1953
Occupation	INDOOR
Date Of Driving Pass	02/07/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82871720
Fax Number	
Contact Number	OFFICE-82871720
EMail Address	NOEMAIL

Address	BLK 24 HOUGANG AVENUE 3 #06-426
Postcode	530024
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
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	SLG4443A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOYOTA SIENTA
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 Authorized 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 re-evaluate 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 lodging 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:

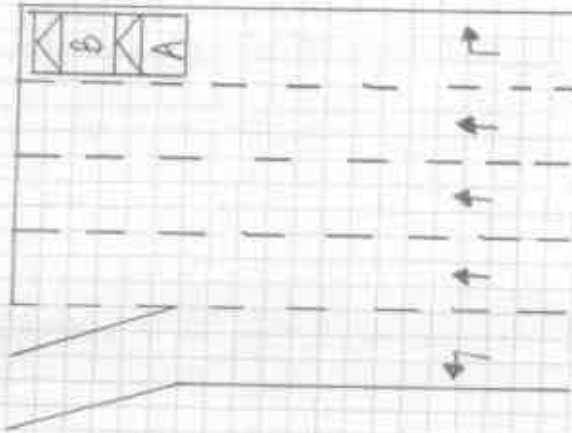
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 SKZ64Z B SLG4443A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along New Upper Changi Road as the traffic light was red. When the traffic light turned green, I was about to move off. Vehicle B in front of me suddenly brake and I was unable to stop in time. I wish to state that there is no damage with my car and no any 'bang' sound at that point of time. Vehicle B rear portion only a bit of scratches.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	21 / 01 / 2020	(DD/MM/YY)
Time of accident	1800	(HH:MM)
Exact location of accident	Along New Upper Changi Road	

DETAILS OF VEHICLE

Vehicle registration number	SKZ 64 Z		
Vehicle make and model	Mercedes E200		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> , Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	ONE2RENT CARS PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	201306179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Soen Leh Keng	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 1076535H		
Contact	8287 1720		
Address	Blk 24 Hougang Avenue 3 #06-426 S(530024)		
Email address			
Date of birth	02/09/1953		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		
Driving date pass	02/07/2009		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	01 (Inclusive of driver)

PASSENGER 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLA 4443A
Vehicle make model	Toyota Sienta
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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[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"/>	S108639457	S108639457-000943	ONE2RENT CARS PTE. LTD.	201306179N	GFM	DRIVE CLASSIC	SKZ64Z	SKZ64Z	03/04/2019	03/04/2020

Claims Handling

Accident MY/1081298

Policy No.	010820017	Vehicle No.	6K2542	GRT Registration No.	2013061796
Certificate No.	010820017-000041				
Policyholder Name	ONEAGENT CARP PTE. LTD.			Policyholder NRIC	2013061796
Product Code	FLST MASTER INSURANCE	Cover Type	Basic CLASSIC	Loading	0
Contact No. (Mobile)	86	Contact No. (Office)		Contact No. (Home)	
EMAIL Address		Special Remarks		eCode	
KYC	<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(%)	0	Private Hire	Not available

IV Accident Details

Report Date	22/01/2020 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	11/01/2020	Time of Accident (hh:mm)	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG UPPER CHANGI ROAD (BEFORE BOOK HT)				

IV Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	1,000.00	TP Standard Excess	2,000.00
YED OD Excess		YED TP Excess	
Additional Excess	0	Driver is Covered?	Not Applicable
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	2,000.00

IV Benefits

IV GRT Registered Information

GRT Registered	Yes	GRT Registration Date	01/12/2019
GRT Registration No.	2013061796	GRT Status Verified	Yes
Modification History			

IV Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	010820017		

IV Of Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver (year)		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 001 [New](#)

Claim Type *	CO-02	Insured Name	ONEAGENT CARP PTE. LTD.	Insured NRIC	2013061796
Contact No. (Mobile)		Contact No. (Home)	86	Contact No. (Office)	62917578
Email Address	oneagentcarp@oneagentcarp.com	OR Vehicle Number	6K2542	TP vehicle Number	01-244434
Claimant Type/Claimant Type *	Please Select	Type of benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	6K2542 / 01-244434 ON 21 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	No	Preferred Repair Option	Preferred Workshop, Name unknown	GRT report	Received
Date Registered	22/01/2020 15:47	Claim Close Date		Date Received	11/01/2020 09:00
Report Taken By	Jackson				

☒ Print Ack letter

[Back](#) [Submit](#)

Attachment

IV

Accident No.	MY/1081298	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2020 15:47

File *	Category *	Confidential	Urgency *	Description *
Browse Clear <input type="text" value="Please Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal	
Browse Clear <input type="text" value="Please Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal	
Browse Clear <input type="text" value="Please Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal	
Browse Clear <input type="text" value="Please Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal	
Browse Clear <input type="text" value="Please Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal	
Browse Clear <input type="text" value="Please Select"/>	<input type="checkbox"/>	<input type="checkbox"/>	Normal	

☐ Send Message

IV Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	WRC/ Driving license	9	Normal	Mot/2 driving licence 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	SAE		Normal	SAR 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31
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	NAC_PAKA_LBL_800601 NATIONAL ASSESSMENT CENTRE SERV CES) on 31 Jan 2020 15:47	Photos		Normal	Photos 2020-1-31

[View List](#)

Upstream By/Data
Poster Date
File Name
Source
Action

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