

# NATIONAL Assessment Centre Services. [part 1 Jan'09] MMA 120025033

Date In: 25/2/20 16:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 20003160144	E-mail (within 3hrs, AIC 2hrs):	092	
Veh No: SPF 7978 E	1-Motor Claim Form	MT/1084159-	25/2/20 17:26
DDA: 11/2/20 19:10	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - TP Reporting Only	1-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: SJU 1704.S.	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 repolar.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Comments: (INC Ref No: 6780 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:

MA 2001671	Invoice Ref: ( )	Amount (\$): 30.00	Payable (\$):
Client's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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		
And/or Comments:	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idno 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	25/02/2020 16:53
Date Of Accident	11/02/2020 19:10
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF7978E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWEK SOK HOON
NRIC No	SXXXX941B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93683639
Alternative Phone No	OFFICE-93683639

### 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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077299985-03
Cover Note Number	

### Driver

Name of Driver	SIM TZE WEI NICHOLAS
NRIC No	SXXXX564B
Date Of Birth	02/11/1997
Occupation	INDOOR
Date Of Driving Pass	01/01/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93269420
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	82 JALAN DAUD #07-02
Postcode	419592
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### 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	SJU1704S
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 = SFF 7978 E

B = SJU 17 045

PIE tw's change

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was travelling along A12 and it was raining, the car in front brake and I couldn't stop in time and knock the back of her car slightly. (came down to take a photo and wanted to exchange contact number <sup>and personal info</sup> however the lady who was driving claimed that the car wasn't her and she would contact me instead. so I left my contact number with her. However, I did not receive any news from her or the owner of the car but received a letter from the insurance company regarding the claim.

## 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: ( 11 / 2 / 20 ) (DD/MM/YYYY), TIME: ( 19 : 10 ) (HH:MM)

LOCATION: Plg twds changi

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFF 7978E  
b) INSURANCE COMPANY: \_\_\_\_\_  
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: Kwek Sok Hoon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9368 3639  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9326 9420  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 / 2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

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: SJU 17045 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 passenger  
(Including driver)  
( 1 )

\* No of passenger  
(Including driver)  
(    )

\* No of passenger  
(Including driver)  
(    )

\* License

Email = shkwek78@gmail.com

fax =

video = no



**SINGAPORE  
POLICE FORCE**



G/20200225/2002

1 of 2

**POLICE REPORT (NP322)**

Report No. G/20200225/2002

Police Station Of Origin  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Date/Time Report Made 25/02/2020 00:11		Vide Report No.		Station Diary No. 4	
Name Of Informant SIM TZE WEI, NICHOLAS		Address 82 JALAN DAUD #07-02 SINGAPORE 419592			
ID Type / ID No. NRIC NO / S9743564B		Contact No. Home/Office		Mobile 93269420	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Student		Sex Male	Age 22	Date of Birth 02/11/1997	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 02/07/2019 12:00		Location Of Incident 100 ORCHARD ROAD CONCORDE HOTEL AND SHOPPING MALL SINGAPORE 238840			

**Brief details.**

On the 02 July 2019 at about 1200hrs I discovered the lost of my driving licence. I made a search but to no avail.

**Property Information**

Signature Of Officer Recording The Report:

G / Sr Staff Sgt LOI JUN FENG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Geylang N.P.C /  
Sgt 3 DESMOND TEO WEE HIANG  
Contact No.: 18006848699

Signature Of Informant:

Date/Time:  
25/02/2020 00:11

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645







**SINGAPORE  
POLICE FORCE**



G/20200225/2002

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20200225/2002

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence		S974356 4B	1		One driving licence belonging to Sim Tze Wei Nicholas

Signature Of Officer Recording The Report:

G / Sr Staff Sgt LOI JUN FENG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Geylang N.P.C /  
Sgt 3 DESMOND TEO WEE HIANG  
Contact No.: 18006848699

Signature Of Informant:

Date/Time:  
25/02/2020 00:11

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[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"/>	5077299985-03		KWEK SOK HOON	S6809941B	GPC	drivo CLASSIC	SFF7978E	SFF7978E	13/02/2019	12/02/2020

Our Ref: MT/CA/TP/059/1084159-001/SL/VU

13 Feb 2020

KWEK SOK HOON  
82 JALAN DAUD  
#07-02 WINDY HEIGHTS  
SINGAPORE 419592

Dear Policyholder

**CLAIM NUMBER: MT/1084159-001**

**ACCIDENT INVOLVING SFF7978E / SJU1704S on 11 Feb 2020**

We would like to inform you that a claim for S\$5,834.30 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](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

6788 6616

9-5pm.

IC  
Branch



## Claim Handling

## Accident MT/1084159

Policy No.	5077299985-03	Vehicle No.	SFF7978E	GST Registration No.	
Certificate No.					
Policyholder Name	KWEK SOK HOON	Cover Type	drive CLASSIC	Policyholder NRIC	S68099418
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98462201	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available

## ▼ Accident Details

Report Date	13/02/2020 08:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/02/2020	Time of Accident hh:mm	19:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG P.L.E TOWARDS CHANGI				

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	82 JALAN DAUD	Address 2	#07-02 WINDY HEIGHTS	Address 3	SINGAPORE 419592
Address 4		Address Type	Singapore address	Post Code	419592
Unit No.		Related Policy Number	5077299985-04		

## ▼ 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Modification History

## Claim 002 New

Claim Type *	OD-MX	Insured Name	KWEK SOK HOON	Insured NRIC	S68099418		
Contact No.(Mobile)	93683639	Contact No. (Home)	67438029	Contact No. (Office)			
Email Address	shkwk78@gmail.com	OI Vehicle Number	SFF7978E	TP Vehicle Number	SJU1704S		
Claim Description	SFF7978E / SJU1704S ON 11 Feb 2020				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown					
Date Registered				Claim Close Date	25/02/2020 17:24	Date Received	25/02/2020
Report Taken By					LIEW SHAN HUI		

✓ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1084159	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2020 17:26		
Path *		Category *	Confidential	Urgency *	Desc
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
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Feb 2020 17:26	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-25
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Feb 2020 17:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-25

2/25/2020

## Claim Handling( Claim Task )

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
25 Feb 2020 17:25

NRIC/ Driving License

Y

Normal

NRIC/ Driving License 2020-2-25

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
25 Feb 2020 17:25

SAS

Normal

SAS 2020-2-25

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
25 Feb 2020 17:25

Photos

Normal

Photos 2020-2-25

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25 Feb 2020 17:25

Photos

Normal

Photos 2020-2-25

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25 Feb 2020 17:25

Photos

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Photos 2020-2-25

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
25 Feb 2020 17:24

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25 Feb 2020 17:24

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25 Feb 2020 17:24

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25 Feb 2020 17:24

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25 Feb 2020 17:24

Photos

Normal

Photos 2020-2-25

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading