

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 28/02/20 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC20003334/13 | SAS e-filing | | |
| Veh No: SLH44877 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A 26/02/20 1755 | i-Motor Claim Form | MI/1086256-001 | |
| 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/Wksp | | |

| | | |
|---|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (TWINCAR | Tel: | Fax: |
| TP Particulars: | Veh No: SLZ4828Z | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|----------------------------------|---|----------------------|----------------------|
| NA2001867 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) 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) RT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| Auditors' Comments :- | *N7: Post Repair Inspection \$25 | | |
| Cat. 1: | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Cat. 2 / 3: | 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 | 28/02/2020 14:31 |
| Date Of Accident | 26/02/2020 17:55 |
| Exact Location Of Accident | PIE TWDS AIRPORT EXIT INTO KPE->TPE |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|--|
| Vehicle Registration Number | SLH4487T |
| Insured/Policyholder | |
| Name Of Registered Owner | WATERCOLOURS RENT-A-CAR |
| Co Reg No | 5XXXX234C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-94505050 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | ALTIS |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5109312624 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ONG LENG KIM(WANG LONGJIN) |
| NRIC No | SXXXX686H |
| Date Of Birth | 01/06/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/06/2006 |
| Driving Experience | 13 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93633636 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 241 HOUGANG ST 22 #07-67 |
| Postcode | 530241 |
| 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 | CHAIN COLLISION |
| 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 | 3 |
| 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 | SLZ4828Z |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKN1398S
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)

DETAILS OF INJURED PERSON 1

Name ONG LENG KIM(WANG LONGJIN)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLH4487T
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.

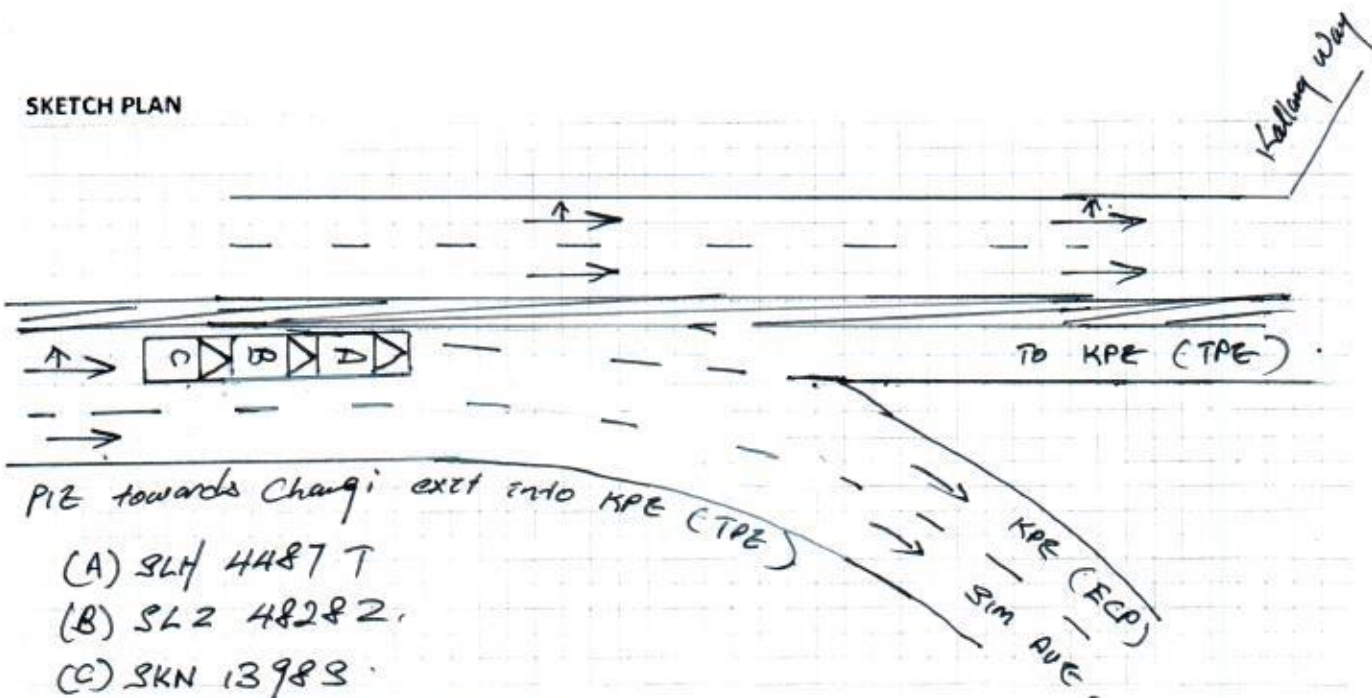


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/02/2020 at @ 1755 hrs, I was travelling in my vehicle (SLH 4487 T) along PIE towards Changi exit into KPE towards TPE. Before entering into the tunnel, there was a traffic jammed and I slow down and stopped. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found it was a chain collision involving 3 cars.

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. | SLH 4487T | Model / Make | Toyota A161 |
| Date of Accident | 26/02/2020 | | |
| Time of Accident | 1755 HRS | | |
| Location of Accident | PIE towards Airport exit into KPE → TPE | | |
| Exact purpose use during accident | Chauffeur | | |
| Name of Owner | Watercolours Rent-A-Car | | |
| Telephone No. | H/P: 9450 5050 | Home: | Office: |
| NRIC | 533 93234 C | | |
| Address | 61, Ubi Ave 2 #08-04 (2) 408898 | | |
| Claim type | OD <u>THIRD PARTY</u> REPORTING ONLY | | |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive <u>Third Party</u> Third Party / Fire / Theft | | |
| Policy No. | 5109312624 | | |
| Name of Driver | As Above If No, Ong Leng Kim | | |
| NRIC | 57926686H | Any Passengers: 01 (F) | |
| Date of birth | 01/09/1979 | | |
| Occupation | <u>Outdoor</u> / Indoor | | |
| Driving License Pass Date | 29/06/2006 | | |
| Gender | <u>Male</u> / Female | | |
| Contact No. | H/P: 9363 3636 | Home: | Office: |
| Address | BLK 241 Hanyang St 22 #07-67 (8) 530241 | | |
| Driver have any own vehicle | <u>No</u> , If yes, Reg No. | | |
| Relationship | Employee, If no, state <u>4ever</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. | Ong Leng Kim (H/P: 9363 3636) | | |
| Name And Contact No. | | | |
| Police Report | <u>No</u> , If Yes, Where? | | |
| Vehicle B No. | SLZ 4828Z | Any Passengers: | 01 (M) |
| Name of Driver | Contact No.: | | |
| Vehicle C No. | SKN 1398S | Any Passengers: | N-A |
| 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 | Rear Portion | | |
| Camera Recorder | Yes / <u>No</u> | | |
| Email Address | | | |
| PARTICULAR WORKSHOP | At-Sp Turncar | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Teng | | |
| 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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5109312624

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLH4487T |
| Chassis Number | : MR053ZEC107103665 |
| 2. Name of Policyholder | : WATERCOLOURS RENT-A-CAR |
| 3. Effective Date of Insurance | : 06 May 2019 |
| 4. Expiry Date of Insurance | : 05 May 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 : INDEX AGENCY PTE LTD (00000572017)
Date of Issue : 03 May 2019 17:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1086256

| | | | | | |
|---|---|-------------------------------|---|------------------------|--|
| Policy No. | 5109312624 | Vehicle No. | SLH4487T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | WATERCOLOURS RENT-A-CAR | | | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party | Loading | |
| Contact No.(Mobile) | 94505050 | Contact No.(Office) | 0 | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| KFK | <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 | |
| ▼ Accident Details | | | | | |
| Report Date | 28/02/2020 17:39 | Accident Report Within 24 hrs | Yes | Accident Type | |
| Date of Accident | 26/02/2020 | Time of Accident hh:mm | 17:55 | Country of Accident | |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE TWDS AIRPORT EXIT INTO KPE->TPE | | | | |
| ▼ 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 | 500.00 | YIED TP Excess | | Driver is Covered? | |
| Additional Excess | 0.00 | | | | |
| Total OD Excess Applicable | 500.00 | Total TP Excess Applicable | | | |
| ▼ Benefits | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 61 UBI AVENUE 2 | Address 2 | #08-04 AUTOMOBILE MEGAMAF | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | 08-04 | Related Policy Number | 5112965317 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | |
| Unnamed driver Name | ONG LENG KIM(WA) | Driver NRIC | SXXXX686H | Driver Experience | |
| Register Date of Driver License | 29/06/2006 | Driver Age | 40 | Contact No.(Home) | |
| Contact No.(Mobile) | 93633636 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | BLK 241 | Address 2 | HOUGANG STREET 22 | Post Code | |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | #07-67 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 OD-MX **New**

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | WATERCOLOURS RENT-A-CAR | Insured NRIC | |
| Contact No.(Mobile) | 94505050 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SLH4487T | TP Vehicle Number | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SLH4487T / SLZ4628Z ON 26 Feb 2020 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | |
| Date Registered | 28/02/2020 17:45 | Claim Close Date | | Date Received | |
| Report Taken By | ROSLINDA | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save

Submit

Attachment

Accident No.

MT/1086256

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

28/02/2020 00:00

Path *

Category *

Confidential

Urgency

| | | | | | |
|--|----------------------|------------------|--------------------------|---------------|-------------------|
| | <div>Browse...</div> | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |
| | <div>Browse...</div> | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |
| | <div>Browse...</div> | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |
| | <div>Browse...</div> | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |
| | <div>Browse...</div> | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |
| | <div>Browse...</div> | <div>Clear</div> | <div>Please Select</div> | <div>NO</div> | <div>Normal</div> |

Message Board

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | NRIC/ Driving License | Y | NRIC/ Driving License 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | SAS | | SAS 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:45 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:44 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:44 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:44 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:44 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:44 | Photos | | Photos 2020-2-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 28 Feb 2020 17:44 | Photos | | Photos 2020-2-28 |

Video List

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

Display in New Window

Scan and uploading