

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 14/05/20 | Job description: SAS e-filing | Date & Time Completed | Done by |
| Ref No: NA/INC20005725/13 | E-mail (within 8hrs, Atc 2hrs) | | |
| Veh No: 93C2388T | I-Motor Claim Form | MT/1092683-001 | |
| D.O.A: 13/05/20 16:10 | I-Motor W/O (Within OD 2hrs, TP 4hrs) | | |
| OD (TP) Reporting Only | 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: SJG 68A | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|-------------------------|---|-------------|----------|
| NA2002890 | Invoice Preparation Checklist | Amr (\$) | Amr (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | Inc Bill | Add Bill |
| 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) NI: 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 \$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 | 14/05/2020 09:51 |
| Date Of Accident | 13/05/2020 16:10 |
| Exact Location Of Accident | SLIP RD OF BISHAN STREET 21 |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|-----------------------------|----------|
| Vehicle Registration Number | GBE2388T |

| Insured/Policyholder | |
|--------------------------|------------------------------|
| Name Of Registered Owner | KEN EXPRESS SERVICES PTE LTD |
| Co Reg No | 2XXXXX761W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62896990 |

| Vehicle Particulars | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | COMMERCIAL VEHICLE |

| Insurance Company | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5103401640-01 |
| Cover Note Number | |

| Driver | |
|----------------------|-----------------------|
| Name of Driver | AUYONG BOON TIONG KEN |
| NRIC No | SXXXX993Z |
| Date Of Birth | 04/04/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/09/1990 |
| Driving Experience | 29 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90489422 |
| Fax Number | |
| Contact Number | |
| EMail Address | KENAY2388@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 803B KEAT HONG CLOSE #04-122 |
| Postcode | 682803 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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? | 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) | 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

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 | SJG68A |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ONG TONG YANG |
| NRIC/Passport Number | SXXXX548Z |
| Contact Number | 88585389 |
| 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.



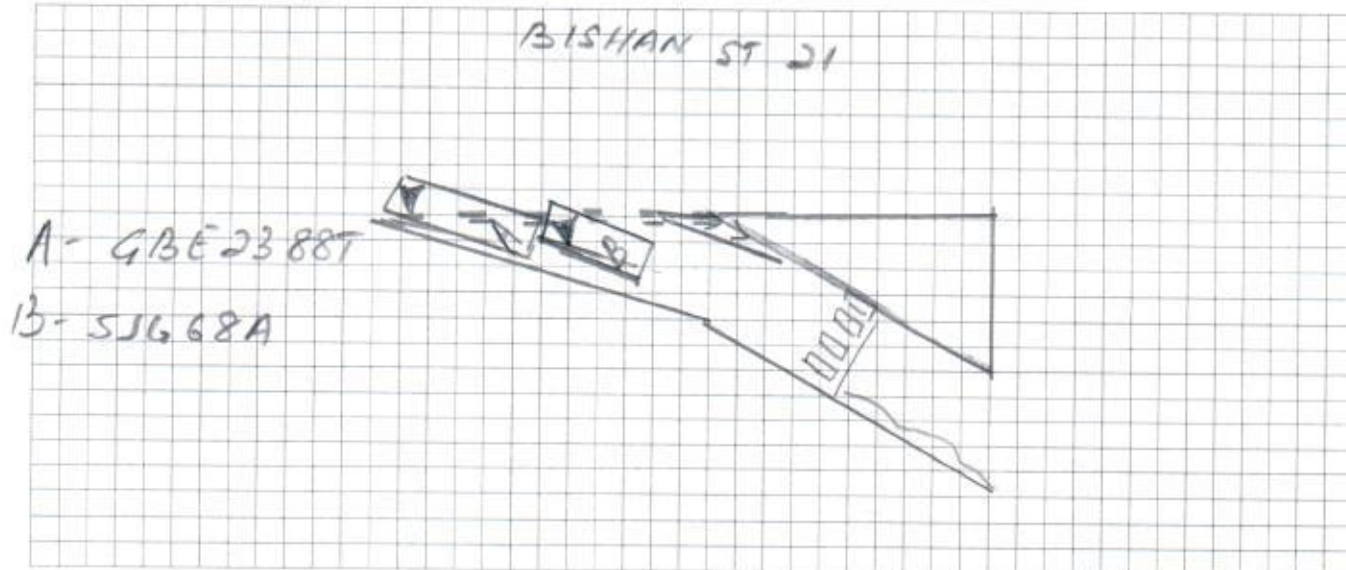
Policyholder's Signature
Date & Time:

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

14/05/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at the slip road towards Bishan Street 21.

I stopped my veh because there was oncoming veh.

Suddenly I felt the impact from my rear. Veh

B from behind hit onto my rear portion of my veh.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 14/05/20

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

ACCIDENT STATEMENT

ACCIDENT DATE: (13/5/20) (DD/MM/YYYY), TIME: (16:40) (HH:MM)

LOCATION: BISHAN ST 21.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 2388T.
 b) INSURANCE COMPANY:
 c) POLICY NUMBER: 5103401640-01.
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN.
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 16:40 WORKING.
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) TO BE CONFIRM

2. INSURED / POLICY HOLDER

- A) NAME: KEN EXPRESS P/L (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 62896990.
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Angeng Boon Tiong. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 99312 CONTACT: 9649622
 c) ADDRESS: 61K 8038 #04-122 KEAT HOON CL. S (682803).

*d) DATE OF BIRTH: (4/4/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1990.

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SJG 68A. MODEL: TOYOTA.
 b) DRIVER'S NAME: ONG TONG YANG.
 c) NRIC/FIN/PASSPORT: S7516548 CONTACT: 88585389.

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

13/05/20

Email =

Tomorrow conf.

fax =

TP OR RP

VIDEO =

Ken express @ signed. com. AS

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 : 5103401640-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBE2388T

Chassis Number

: JN1SC2F2420857487

2. Name of Policyholder

: KEN EXPRESS SERVICES PTE LTD

3. Effective Date of Insurance

: 01 Oct 2019

4. Expiry Date of Insurance

: 30 Sep 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 business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE 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

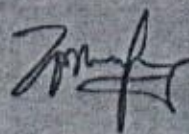
: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

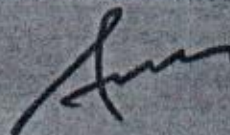
: 09 Sep 2019 11:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1092683

| | | | | | |
|---|---|-------------------------------|----------------------------|------------------------|---------------|
| Policy No. | 5103401640-01 | Vehicle No. | GBE2388T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | KEN EXPRESS SERVICES PTE LTD | | | Policyholder NRIC | 200502761 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 62896990 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KPK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 14/05/2020 15:17 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - P |
| Date of Accident | 13/05/2020 | Time of Accident hh:mm | 16:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SLIP RD OF BISHAN STREET 21 | | | | |
| ▼ Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |
| ▼ Benefits | | | | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | 14/05/2020 15:19:55 System changed GST Status Verified from No to Yes | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 705 SIMS DRIVE | Address 2 | #06-14A SHUN LI INDUSTRIAL | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 387384 |
| Unit No. | | Related Policy Number | 5113170563 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | AUYONG BOON TIONG KEN | Driver NRIC | SXXXX993Z | Driver DOB | 04/04/1971 |
| Register Date of Driver License | 06/09/1990 | Driver Age | 50 | Driving Experience | 29 |
| Contact No.(Mobile) | 90489422 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK B03B | Address 2 | KEAT HONG CLOSE | Address 3 | KEAT HONG |
| Address 4 | SINGAPORE 682803 | Address Type | Singapore address | Post Code | 682803 |
| Unit No. | #04-122 | | | | |
| Does he own a Singapore Registered car? | No Yes | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | No Yes | | |
| Modification History | | | | | |

Claim 001 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Confirmation No. Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

Contact No. (Home)

Vehicle Number

GBE2388T / SJG68A ON 13 May 2020

Insured Liability

Preferred Repair Option

GIA report

Received

Claim Close Date

Workshop Repairer

KEN EXPRESS SERVICES PTE LTD

Insured Name

Co

TP

Ve

NL

Ne

Pr

Wi

Not at Fault

Preferred Workshop, Name unknown

Received

14/05/2020 15:23

ROSLINDA

Dr

Re

To

bu

Re

Save Submit

Attachment

Accident No.

Last Doc. Received

Path *

Choose File

No file chosen

Claim No.

Upload Date

Category *

Confidential

Urgency *

MT/1092683

001

14/05/2020 00:00

Please Select

NO

Normal

Yes No

14/05/2020 00:00

Please Select

NO

Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|------------|--|-----------------------|---|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:23 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:23 | SAS | | Normal | SAS 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:23 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:23 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:22 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:22 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:22 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:22 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:22 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:22 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:21 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:21 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:21 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:21 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:21 | Photos | | Normal | Photos 2020-5-14 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2020 15:21 | Photos | | Normal | Photos 2020-5-14 |

Video List

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