

NATIONAL Assessment Centre Services

part 1 Jan03

MMA 120049567

| | | | |
|--|--|------------------------|--------------|
| Date In: 4/6/20 15:40 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA1 INC 2000 6140164 | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: SLE 353 M | I-Motor Claim Form | MT/1093746- | 4/6/20 16:38 |
| ICOA: 4/6/20 11:50 | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: <input checked="" type="checkbox"/> Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whan | | |

| | | |
|--|--|-----------------------|
| Profund Wisp / INC Assign Wisp / GW: (| Tel: | Fax: |
| FP Particulars: | Veh No: SJQ 817 0 6 | 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 repater. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () |

| | | |
|---|------------------------|----------|
| Remarks: (INC 10000 6700 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
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| | |
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| | |
| | |

| | | | | |
|---------------------------------|--|---|-------------|-------------|
| MA 2003132 | | Invoice Preparation Charge | Amount (\$) | Amount (\$) |
| Client/Particulars: | | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | | For obtaining against INC Only (wa 10 Jan 2003) | | |
| | | 6) TR: Re-Inspection \$75 | | |
| | | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | | 8) NTUC Additional Services: | | |
| | | Q12: | | |
| | | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | | *N6: Repair Coordination \$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 | 04/06/2020 15:40 |
| Date Of Accident | 04/06/2020 11:50 |
| Exact Location Of Accident | MOULMEIN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLE353M |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEN BOON HOE |
| NRIC No | SXXXX094D |
| Email Address | CHENBOONHOE@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81838741 |
| Alternative Phone No | OFFICE-81838741 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | FIT |
| 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 | 5113859925 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | CHEN BOON HOE |
| NRIC No | SXXXX094D |
| Date Of Birth | 29/08/1961 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/08/1979 |
| Driving Experience | 40 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81838741 |
| Fax Number | |
| Contact Number | OFFICE-81838741 |
| Email Address | CHENBOONHOE@HOTMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 175A PUNGGOL FIELD #08-573 |
| Postcode | 821175 |
| 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? | 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) | 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

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-----------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | HAVENT RETRIEVE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJQ8170G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KOH ZHENGLING ADELINE ANN |
| NRIC/Passport Number | SXXXX010Z |
| Contact Number | 91838592 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

2


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;

 04/06/2020

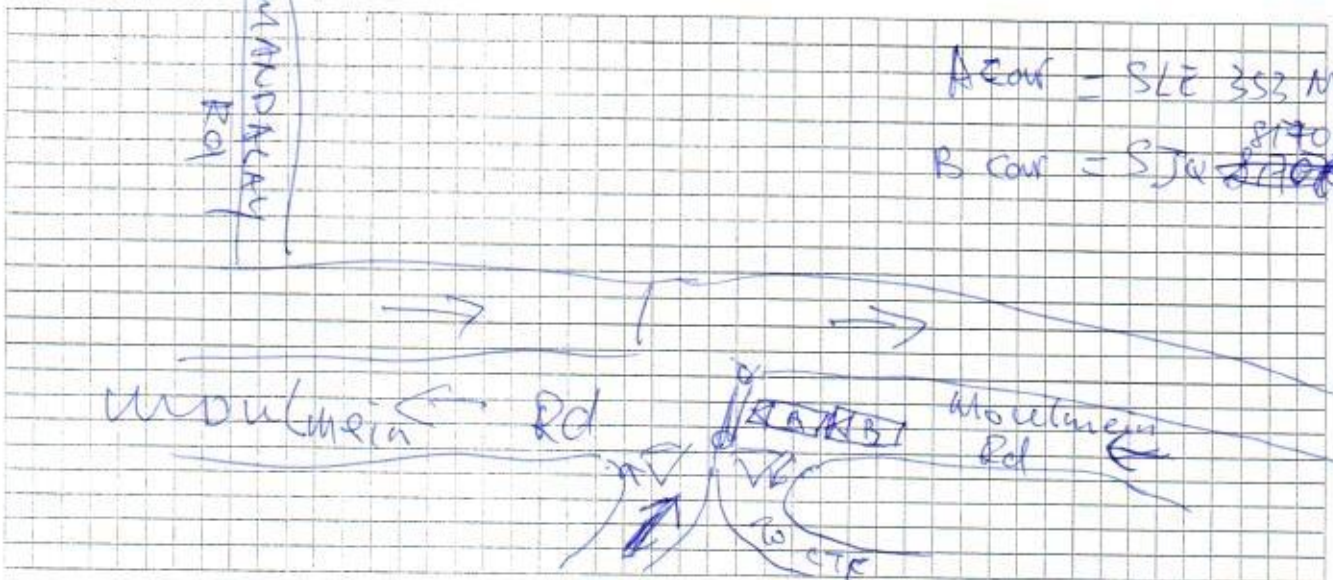
Policyholder's Signature
Date & Time:

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

8/7/04

I stopped my car at the traffic light at Moulmein Rd, the car from behind 5548, 706 bump on my car.

DECLARATION

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

[Signature] 04/06/20

Policyholder's Signature
Date & Time:

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: 04/06/2020 (DD/MM/YYYY), TIME: 11:51 (HH:MM)

LOCATION: Moulmein Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 353 M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 511385925
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Fit
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 1151
 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: CHEN BOON HOE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1461094D CONTACT: _____
 c) ADDRESS: 75A, #08-573 Punggol Field
Singapore 821175

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEN BOON HOE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1461094D CONTACT: 81838741
 c) ADDRESS: 75A, #08-573 Punggol Field
Singapore 821175

*d) DATE OF BIRTH: 29/08/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 41

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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: SJA 81704 MODEL: Toyota Rush
 b) DRIVER'S NAME: KOH ZHENLING ADELIN ANN
 c) NRIC/FIN/PASSPORT: 883230102 CONTACT: 91838592

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)

(2)

/
F

* No of passenger
 (including driver)

(2)

* No of passenger
 (including driver)

()

Email = chen Boon Hoe @ Hotmail.com

Fax = rsautomotive @ yahoo.com.sg

VIDEO = Yes. Haven't Retrieved.

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: 5113859925

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLE353M**
Chassis Number : GK31219375
2. Name of Policyholder : CHEN BOON HOE
3. Effective Date of Insurance : 05 Nov 2019
4. Expiry Date of Insurance : 04 Nov 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600 |
| EXCESS (SECTION 2) | : N/A |
| 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 | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : CHEN BOON HOE |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HENLY ENTERPRISES CO PTE LTD |
| 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 05 Nov 2019 11:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1093746

| | | | | |
|---------------------|---|---------------------|---|-----------------|
| Policy No. | 5113859925 | Vehicle No. | SLE353M | GST Registrati |
| Certificate No. | | | | |
| Policyholder Name | CHEN BOON HOE | | | Policyholder Ni |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 81838741 | Contact No.(Office) | | Contact No.(Hi |
| 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 | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|------------------|-------------------------------|-------|----------------|
| Report Date | 04/06/2020 16:35 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 04/06/2020 | Time of Accident hh:mm | 11:50 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | MOULMEIN RD | | | |

▼ 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 Cover |
| Additional Excess | 0 | | | |
| 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 | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 175A #08-573 | Address 2 | PUNGGOL FIELD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5113859925 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|----------------|
| Driver Name | CHEN BOON HOE | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S1461094D | Driver DOB |
| Register Date of Driver License | 28/08/1979 | Driver Age | 58 | Driving Exper |
| Contact No.(Mobile) | 81838741 | Contact No.(Office) | | Contact No.(Hi |
| Address 1 | BLK 175A #08-573 | Address 2 | PUNGGOL FIELD | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

| | | | |
|---------------------|----------------------------------|----------------------------------|--------------|
| Claim Type * | OD-MX | Insured Name | CH |
| Contact No.(Mobile) | 81838741 | Contact No. (Home) | 63 |
| Email Address | | OI Vehicle Number | SLI |
| Claim Description | SLE353M / SJQ8170G ON 4 Jun 2020 | | |
| Preferred Workshop | Yes | Insured Liability | Not at Fault |
| Repair Option | Preferred | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 04/06/2020 16:37 | Received | |
| Report Taken By | SHAN HUI | Claim Close Date | |

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1093746 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 04/06/2020 16:38

| Path * | Category * | Confider |
|---|--|----------|
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | <input type="button" value="Clear"/> Please Select | NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | |
|------------|--|-----------------------|---------|----------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | NRIC/ Driving License | Normal | NRIC/ Dr |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | SAS | Normal | 1 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | Photos | Normal | Pt |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | Photos | Normal | Pt |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | Photos | Normal | Pt |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | Photos | Normal | Pt |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | Photos | Normal | Pt |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jun 2020 16:38 | Photos | Normal | Pt |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|-----------|--|
| | | | <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> |