

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 17/09/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC20010010/13 | SAS e-filing | | |
| Veh No: GBA82095 | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 17/09/20 1405 | i-Motor Claim Form | MT/1103734-001 | |
| 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: (| Tel: | Fax: |
| TP Particulars: | Veh No: 54C3071P | 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 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 |
|-----------|---------|
| | |
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| | |

| | | | | |
|---------------------------------|---|-------------|-----------|-----------|
| NA2004913 | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | | In 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) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON: | | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tp Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| Auditors' Comments: | *N8: DV / Collect Excess Coordination \$5 | | | |
| | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| | 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 | 17/09/2020 16:59 |
| Date Of Accident | 17/09/2020 14:05 |
| Exact Location Of Accident | ALONG UBI RD 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | GBA8209J |
| Insured/Policyholder | |
| Name Of Registered Owner | IDEALS RECRUITMENT PTE LTD |
| Co Reg No | 2XXXXX964Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65471021 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5115330334 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | NAGARAJAN ARUN NIVAS |
| Passport No/FIN | GXXXX918L |
| Date Of Birth | 13/06/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/12/2017 |
| Driving Experience | 2 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96771707 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 102 BEDOK NORTH AVE 4 #03-2040 |
| Postcode | 460102 |
| 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) | 2 |
| Passenger 1 | NAME: : SHOPON GENDER: : MALE |

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

I WAS TRAVELLING STRAIGHT ALONG UBI RD 1 ON THE 2ND LANE OF A3-LANES RD. INFRT OF MY VEH STOP DUE TO THE RED TRAFFIC LIGHT AHEAD AND I FOLLOWED SUIT TO STOP COMPLETELY. ACCIDENTALLY I RELEASED MY BRAKE PEDAL AND MY VEH MOVED FORWARD AND TOUCH THE REAR PORTION OF VEH B.

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 | SHC3071P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TING POH YONG |
| NRIC/Passport Number | SXXXX779F |
| 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.

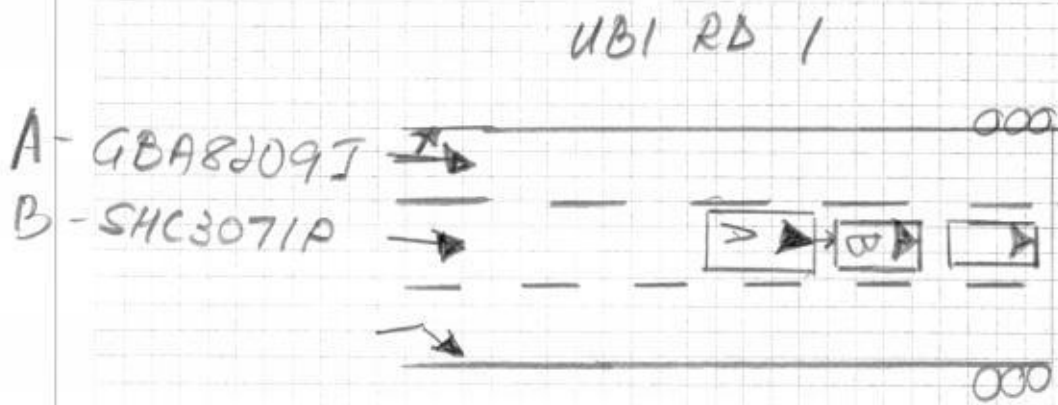


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/9/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

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: 17/09/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sym 17/09/20





A black and white photograph showing the rear of a car. The license plate is dark with white text. Above the license plate is a small, rectangular, illuminated light fixture. The car's body is dark and has some horizontal lines. The background is light and blurry.

SHC 3071P

ACCIDENT STATEMENT

ACCIDENT DATE: (17/09/20) (DD/MM/YYYY), TIME: (14:05) (HH:MM)

LOCATION: UBI RD 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA8209J
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5115330334
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MITSUBISHI
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: IDEALS RECRUITMENT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 65471021
c) ADDRESS: BKK 102

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NAGARAJAN ARUN NIVAS (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3414918L CONTACT: 96771707
c) ADDRESS: BKK 102 BEDOK NORTH AVE 4
H03-2040 (460102)

*d) DATE OF BIRTH: (13/06/94) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/12/2017

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: SHC3071A MODEL: _____

b) DRIVER'S NAME: TING BOY YONG

c) NRIC/FIN/PASSPORT: S1577719F CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = iktgroup.teltd@gmail.com

fax =

video =

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5115330334

Cover : Third Party, Fire & Theft

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBA8209J |
| Chassis Number | : MMBJNKB407D150582 |
| 2. Name of Policyholder | : IDEALS RECRUITMENT PTE LTD |
| 3. Effective Date of Insurance | : 01 Feb 2020 |
| 4. Expiry Date of Insurance | : 31 Jan 2021 |
| 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) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : INXURE NETWORK SERVICES (00000614975)

Date of Issue : 14 Jan 2020 14:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1103734

| | | | | | |
|---------------------|----------------------------|---------------------|---------------------------|----------------------|-----------|
| Policy No. | 5115330334 | Vehicle No. | GBA8209J | GST Registration No. | 201408964 |
| Certificate No. | | | | | |
| Policyholder Name | IDEALS RECRUITMENT PTE LTD | | | Policyholder NRIC | 201408964 |
| Product Code | COMMERCIAL VEHICLE INSURA | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 65471021 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 15 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|---------------|
| Report Date | 17/09/2020 17:23 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - + |
| Date of Accident | 17/09/2020 | Time of Accident hh:mm | 14:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | ALONG UBI RD 1 | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | 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 | 0.00 | Total TP Excess Applicable | 0.00 | | |

Benefits

GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 24/04/2017 |
| GST Registration No. | 201408964Z | GST Status Verified | Yes |
| Modification History | 17/09/2020 17:26:58 System changed GST Registered from No to Yes 17/09/2020 17:26:58 System changed GST Registration No. from null to 201408964Z 17/09/2020 17:26:58 System changed GST Registration Date from null to 24/04/2017 | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|----------------------------|-----------|-----------|
| Address 1 | 1 IRVING PLACE | Address 2 | #09-02 THE COMMERZE@IRVING | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 369546 |
| Unit No. | 09-02 | Related Policy Number | S108561954-01 | | |

Q1 Driver Info

| | | | | | |
|---|----------------------|---------------------|----------------------|------------------------|-----------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | NAQARAJAN ARUN NIVAS | Driver NRIC | G3414918L | Driver DOB | 13/06/199 |
| Register Date of Driver License | 18/12/2017 | Driver Age | 26 | Driving Experience | 2 |
| Contact No.(Mobile) | 96771707 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 102 | Address 2 | BEDOK NORTH AVENUE 4 | Address 3 | PEARL GAR |
| Address 4 | SINGAPORE 460102 | Address Type | Singapore address | Post Code | 460102 |
| Unit No. | #03-2040 | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|--------|
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | Yes No |
|-------------------------------------|------|-------------|--------|

Modification History

Claim 001 OD-MX

New

| | | | |
|---------------------------------|-------------------------------------|----------------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | IDEALS RECRUITMENT PTE LTD |
| Contact No.(Mobile) | NIL | Contact No.(Home) | |
| Email Address | | Vehicle Number | GBA8209J |
| Claim Description | GBA8209J / SHC3071P DN 17 Sept 2020 | | |
| Preferred Workshop Finalisation | Yes | Insured Liability | Fully at Fault |
| Date Registered | 17/09/2020 17:29 | Preferred Workshop, Name unknown | GIA report |
| Report Taken By | ROSINDA | Claim Close Date | |
| Print AK letter | | Workshop Repairer | |

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1103734 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/09/2020 00:00 |

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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 17 Sep 2020 17:28 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-9-17 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2020 17:28 | SAS | | Normal | SAS 2020-9-17 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2020 17:28 | Photos | | Normal | Photos 2020-9-17 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2020 17:28 | Photos | | Normal | Photos 2020-9-17 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2020 17:28 | Photos | | Normal | Photos 2020-9-17 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Sep 2020 17:28 | Photos | | Normal | Photos 2020-9-17 |

Video List

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