| | Search Salary St. (1997) | A CHAIR | | and the second | | | 7 45 76 | | | lClaim |
|----------|-------------------------------|--|---|---|---|---|--|--|---|--|
| 0601 | | | | | | → Change | Language | → Chan | ge Password | · Log Ou |
| Polic | y Query | | | | | | | | | |
| Policy N | 0. | | | | Date o | f Accident | O | 3/11/2020 1 | 1:00 | |
| Vehicle | No.(For Motor) | GU4860 | Р | | Certific | cate Number | | | | |
| | | | | | Search | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| 0 | 5062039351- 06 | | NINE & JO | 53246190L | GCV | Third Party | GU4860P | GU4860P | 23/09/2019 | 22/03/2021 |
| | Policy N Vehicle Select | Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5062039351- | Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5062039351- | Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name 5062039351- NINE & 10 | Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Name Policyholder NRIC 5062039351- NINE & 10. 53246190L | Policy Query Policy No. Date of Certificate No. (For Motor) Select Policy No. Certificate Number Name NRIC Product NRIC Search NINE & 10 532461901 GCV | Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Search Select Policy No. Certificate Number Number Name Policyholder NRIC Search Number Name NRIC Search Search Search Number Name NRIC Search Search | Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Policyholder Name Number Nu | Policy Query Policy No. Date of Accident O3/11/2020 1 Oscident Certificate Number Search Select Policy No. Certificate Number Number Name NRIC Policyholder Product Cover Type No. O5062039351- NINE 8 10 532461901. GCV Third Party GU4860P GU4860P | Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Select Policy No. Certificate Number Policyholder NRIC Number Name NRIC Product Cover Type No. Object Date Number Name NINF & 10 53246190L GCV Third Party GU4860P GU4860P 23/09/2019 |

| Policy No. | 5062039351-06 | Policyholder Name | NINE & JO | | Policyholder NRIC | 53246190L | | |
|---|---|------------------------|--|--|----------------------|---|--|--|
| ertificate lo. | | | | | | | | |
| ddress | NIL | | | | | | | |
| roduct COMMERCIAL VEHICLE INSUR | | Plan | | | Group Policy Flag | N | | |
| olicy sue Date | 29/08/2019 | Effective Date | 23/09/2019 | 00:00 | Expiry Date | Expiry Date 22/03/2021 23:59 | | |
| xcess | Per Accident | All Claims Excess | | | | | | |
| hird Party excess | dditional ccess utside ngapore | | 0 | | Windscreen Excess | 0 | | |
| dditional excess outside | | | | | | Young/Inexperience Driver Excess | | |
| OD Excess | | Singapore TP Excess | | | | without their care out to good allies with the parenth com- | | |
| Agent | BIZFOLIO MOTOR TRADING | Agent Tel. | 6244464 | | GST Flag | Y | | |
| Co- insurance Flag | surance No | | | | | | | |
| Open Policy Info | | | | | | | | |
| Certificate Info | | | | | | | | |
| | | | | | | | | |
| Policyl | nolder Mailing Address | | | | | | | |
| 76 | nolder Mailing Address | Addre | ess 2 | | | Address 3 | | |
| Address 1 | | | ess 2 ess Type | Singapore address | | Address 3 Post Code | 999999 | |
| Address 1 Address 4 | | Addre | ess Type ed Policy | Singapore address | 3 | | 999999 | |
| Address 1 Address 4 Unit No. Insure | NIL 05-516 d Object: GU4860P | Addre Relat | ess Type ed Policy | And the last transmitted and tra | ; | | 999999 | |
| Address 1 Address 4 Unit No. | NIL 05-516 d Object: GU4860P | Addre Relat | ess Type ed Policy | And the last transmitted and tra | | Post Code | | |
| Address 1 Address 4 Unit No. Insure | NIL 05-516 d Object: GU4860P | Addre Relat Numl | ess Type ed Policy | 5062039351-06 | Endorsemen | Post Code | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF | |
| Address 1 Address 4 Unit No. Insure Endors Sequer | NIL 05-516 d Object: GU4860P | Addre Relat Numl | ess Type ed Policy ber | 5062039351-06 t Type | | Post Code | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 23 Sep 2019 TO 22 Mar 2021 In view of this amendment, an additional premium of \$474.89 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sind made payment. Otherwise, we | |
| Address 1 Address 4 Unit No. Insure Endors | NIL 05-516 d Object: GU4860P sements nce Date of Endorsemen | Addre Relat Numl | ess Type ed Policy ber Endorsemen | 5062039351-06 t Type | Endorsemen | Post Code | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 23 Sep 2019 TO 22 Mar 2021 In view of this amendment, an additional premium of \$474.89 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since | |

| rtificate No. | | VALUE AND | CHARGOD | GST Registration No. | | |
|--|-----------------------------------|---|--|---|--|--|
| tificate No. | 5062039351-06 | Vehicle No. | GU4860P | GST Registration No. | | |
| | | | | | 522464001 | |
| cyholder Name | NINE & JO | | | Policyholder NRIC | 53246190L | |
| duct Code | COMMERCIAL VEHICLE INSURAL | Cover Type | Third Party | Loading | 0 | |
| | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| nail Address | | Special Remark | | eCode | Nc ✔ | |
| | No ○ Yes | TCA | No ○Yes | eCode Reason | | |
| K | | NCD Entitlement(%) | 20 | Private Hire | No | |
| CD Protection | No | NCD Entitlement(%) | | | | |
| Accident Details | | | 8.00 | Andrew Trees | Damaged whilst parked | |
| eport Date | 04/11/2020 17:31 | Accident Report Within 24 hrs | Yes | Accident Type | | |
| ate of Accident | 03/11/2020 | Time of Accident hh:mm | 11:00 | Country of Accident | Singapore | |
| eporting Centre | | Orange Force | | ICM No. | | |
| ccident Location | MANDAI BIRD PARK | | | | | |
| | PARIONI DINO PARIO | | | | | |
| ▼ Total Excess Applicable | | 20000000000000000000000000000000000000 | 0.00 | | | |
| ccess Type | Per Accident | Windscreen Excess | 0.00 | | | |
| | | | 0.00 | | | |
| D Standard Excess | 0.00 | TP Standard Excess | 0.00 | Driver is Covered? | | |
| IED OD Excess | 0.00 | YIED TP Excess | | Driver is Covered? | | |
| dditional Excess | | | | | | |
| otal OD Excess Applicable | 0.00 | Total TP Excess Applicable | | | | |
| ▽ Benefits | | | | | | |
| GST Registered Informa | tion | | | | | |
| ST Registered | No | | GST Registration Date | ESS DEPARTMENT | | |
| ST Registration No. | British and the said of the said. | | GST Status Verified | Yes | | |
| odification History | 04/11/2020 17:32:42 System | changed GST Status Verified fro | m No to Yes | | | |
| outlies in the control of | | | | | | |
| Policyholder Mailing Add | Irace | | | | | |
| | | | | Address 3 | | |
| Address 1 | NIL | Address 2 | | | 000000 | |
| ddress 4 | | Address Type | Singapore address | Post Code | 999999 | |
| Jnit No. | 05-516 | Related Policy Number | 5062039351-06 | | | |
| OI Driver Info | | | | | | |
| oriver Name | Unnamed Driver | Driver Type | Unnamed Driver | | | |
| Innamed driver Name | KHALID BIN ABDULLAH | Driver NRIC | S8228545H | Driver DOB | 02/09/1982 | |
| tegister Date of Driver License | | Driver Age | 38 | Driving Experience | 7 | |
| | 92227315 | Contact No.(Office) | 0 | Contact No.(Home) | 0 | |
| Contact No.(Mobile) | | | DAWSON ROAD | Address 3 | SKYTERRACE @ DAWSON | |
| Address 1 | BLK 93 | Address 2 | | Post Code | 142093 | |
| Address 4 | SINGAPORE 142093 | Address Type | Singapore address | Post Code | 142033 | |
| Unit No. | 13-40 | | | | | |
| Does he own a Singapore | ○ Yes 	 No | Driver Vehicle No. | | Driver Insurer Company | | |
| Registered car? | | | | | | |
| | | | | | | |
| eclaration | | | | | | |
| | 0.00 | Any intury? | ○ Yes 	No | | | |
| Breathalyser or Blood Test | 0 mg | Any injury? | ○ Yes 		• No | | | |
| Declaration Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ○ Yes 		● No | | | |
| Breathalyser or Blood Test | 0 mg | Any injury? | ○ Yes ® No | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ○ yes ④ No | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | ○ yes ④ No | | | |
| Greathalyser or Blood Test Reading? Modification History | 0 mg | Any injury? | ○ Yes ③ No | | | |
| areathalyser or Blood Test Reading? Modification History | | | | Insured MDIC | 532461901 | |
| areathalyser or Blood Test Reading? Modification History | 0 mg | Insured Name | ○ Yes ③ No | Insured NRIC | 53246190L | |
| Greathalyser or Blood Test Reading? Modification History | | | NINE & JO | Contact No.(Office) | | |
| areathalyser or Blood Test Reading? Modification History Claim 001 New | ор-мх 🗸 | Insured Name | | | 53246190L XD2906T | |
| areathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) | OD-MX S92227315 | Insured Name Contact No.(Home) | NINE & JO | Contact No.(Office) | | |
| Areathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address | OD-MX S92227315 | Insured Name Contact No.(Home) OI Vehicle Number | NINE & JO GU4860P | Contact No.(Office) | | |
| areathalyser or Blood Test leading? Indification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * | NINE & JO GU4860P | Contact No.(Office) | | |
| ceathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * | NINE & JO GU4860P | Contact No.(Office) | XD2906T | |
| claim Type * Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Description | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | NINE & JO GU4860P Please Select | Contact No.(Office) TP Vehicle Number | XD2906T | |
| Areathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | NINE & JO GU4860P Please Select Not at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Claimant Address Claimant Claimant Claimant Claimant Address Claimant Claimant Claimant Claimant Claimant Claimant Claimant Claimant Claimant Contact No. | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | NINE & JO GU4860P Please Select Not at Fault | Contact No.(Office) TP Vehicle Number | XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Claima | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * | NINE & JO GU4860P Please Select Not at Fault | Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Foreign Claimant Claiman | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Foreign Claimant Address Claimant Claimant Address Claimant | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| reathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Poerferred Workshop Contact Vo. Require Finalisation Date Registered Report Taken By | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Claima | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Page Claimant Type * Claimant Page Claimant Type * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Claima | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim O11 New Claim | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type Claimant Address Claimant Address Claimant Address Claimant Finalisation Date Registered Report Taken By Print AK letter | OD-MX 92227315 Please Select | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim O11 New Claim | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop | XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX 92227315 Please Select | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | XD2906T | |
| cathalyser or Blood Test leading? Claim 001 New Claim 7001 New Claim Type * Contact No. (Mobile) Imail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown Save Submit | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | XD2906T XD2906T Received O4/11/2020 00:00 | |
| claim Type * Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown 001 04/11/2020 17:35 Category * | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | XD2906T XD2906T | |
| cathalyser or Blood Test leading? Claim 001 New Claim 7001 New Claim Type * Contact No. (Mobile) Imail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown 001 04/11/2020 17:35 Category * Guess Select Clear Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgi | XD2906T XD2906T Received O4/11/2020 00:00 | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows | NINE & JO GU4850P Please Select Not at Fault Preferred Workshop, Name unknown 001 04/11/2020 17:35 Category * Guern Please Select Clear Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgu V NO V Normal V NO V Normal | XD2906T XD2906T | |
| cathalyser or Blood Test leading? Claim 001 New Claim 7001 New Claim Type * Contact No. (Mobile) Imail Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date | NINE & JO GU4850P Please Select Not at Fault Preferred Workshop, Name unknown 001 04/11/2020 17:35 Category * Gear Please Select Clear Please Select Clear Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urg | XD2906T XD2906T XD2906T | |
| claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type Claimant Type Claimant Type Claimant Type Claimant Address Claim Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No. | OD-MX | Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows | NINE & JO GU4860P Please Select Not at Fault Preferred Workshop, Name unknown 001 04/11/2020 17:35 Category * Gear Please Select Gear Please Select Gear Please Select | Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgu V NO V Normal V NO V Normal | XD2906T XD2906T XD2906 | |

| Attachment I | | | 63 | | | Msg Sent? | |
|--------------|--|-----------------------|----|---------|---------------------------------|-----------|---|
| Attachment | Uploaded By/Date | Category | 9 | Urgency | Description | (CO) | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | NRIC/ Driving License | Υ | Normal | NRIC/ Driving License 2020-11-4 | | |
| 10 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | SAS | | Normal | SAS 2020-11-4 | | |
| A DO | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | Photos | | Normal | Photos 2020-11-4 | | |
| 30 | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | Photos | | Normal | Photos 2020-11-4 | | |
| (4) | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:35 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:34 | Photos | | Normal | Photos 2020-11-4 | | |
| N. T. | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:34 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:34 | Photos | | Normal | Photos 2020-11-4 | | |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:34 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:34 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:33 | Photos | | Normal | Photos 2020-11-4 | | |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:33 | Photos | | Normal | Photos 2020-11-4 | | |
| 3 | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:33 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:33 | Photos | | Normal | Photos 2020-11-4 | | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 04 Nov 2020 17:33 | Photos | | Normal | Photos 2020-11-4 | | |
| Video List | | | | | Source | | - |