

# NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA1715945

Date In: 4/12/17-12:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC7002985/24	SAS e-filing		
Veh No: SJW53376	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/0/17-12:15	i-Motor Claim Form	M/0972195	4/12/17 14:49
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: SL61431D

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

NA1707419	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*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 ability.
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 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	04/12/2017 12:32
Date Of Accident	03/12/2017 12:15
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5337G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EDDIE SEAH
Co Reg No	53358269E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.4A
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	PRIVATE HIRE

### 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	5092168758
Cover Note Number	

### Driver

Name of Driver	SEAH ENG SENG
NRIC No	S1737814G
Date Of Birth	30/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97802952
Fax Number	
Contact Number	OFFICE-97802952
Email Address	NOEMAIL

Address	BLK 14 KAMPONG ARANG ROAD #08-47
Postcode	431014
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	MCN3065 (PRIVATE CAR)
Was any body injured in the Accident?	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)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG GLAM NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 17A BEACH ROAD , <b>POSTCODE:</b> 199596 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2989999 - <b>FAX NO:</b> 62936498
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171203/2057.

#### 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	SLG1431D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number MCN3065

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJS9447S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

#### Details of Witness

Name

Phone Number

Email Address



## 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.

**EDDIE SEAH**  
Co Reg No: 53358269E

Policyholder's Signature  
Date & Time:

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

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

Vehicle A: SJW 5337G

Vehicle B: SLG 1431D

Vehicle C: MCN 306J

Vehicle D: SJS 9447S

Refer to police report. T/20171203/2057.

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

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20171203/2057

1 of 3

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Report No. T/20171203/2057

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 14:37		Vide Report No.: E/20171203/0122		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: SEAH ENG SENG			Address: APT BLK 14 KAMPONG ARANG ROAD #08-47 SINGAPORE 431014		
ID Type / ID No.: NRIC NO / S1737814G			Contact No.: Home/Office:		Mobile: 97802952
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 30/06/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2017 12:15	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY  PIE Towards Tuas (After Steven Road exit)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MCN3065 (Not Accurate) ③	Car	PROTON		White	Seriously Damaged	2
SJS9447S ④	Car	CHEVROLET	AVEO 1.4AT 5DR T255	White	Seriously Damaged	1
SJW5337G	Car	HONDA	JAZZ 1.4A	Blue	Seriously Damaged	3
SLG1431D ②	Car	TOYOTA	CAMRY 2.5 AUTO	Blue	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20171203/2057

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

2 of 3

Report No. T/20171203/2057

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SEAH ENG SENG	ID No.	S1737814G
Related Vehicle	SJW5337G (Car)	Contact No.	97802952
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 03/12/2017 at about 1215hrs, I was driving my car (SJW5337G) along PIE towards Tuas ( After Steven Road Exit). It was three lanes and I was in the centre lane. Traffic was heavy and I do have three passengers inside my vehicle as I am working as a part time UBER driver.

While driving, in front of me there was a vehicle (could not remember the plate number) jam brake all of the sudden. I quickly jam brake and I was able to stop in time. But suddenly I felt a strong impact coming from my rear of my car.

I quickly came out of the vehicle and saw three cars behind me (2nd car: SLG1431D, 3rd car: MCN3065 and 4th car: SJS9447S) chain collision. Ambulance came and my three passengers were then conveyed to the hospital where the rest of the vehicle some were also conveyed to the hospital.

Traffic police came and advised all four drivers including myself to lodge a traffic police report. That is all.





**SINGAPORE  
POLICE FORCE**



T/20171203/2057

3 of 3

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Report No. T/20171203/2057

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

A /

Sgt 1 MUHAMMAD ALIF BIN ALIAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:

03/12/2017 14:37

Classification Of Case:

Authentication Stamp

NP168

SN 15

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1737814G**

Name **SEAH ENG SENG**

Birth Date **30 Jun 1966**

Issue Date **08 Aug 2003**

000729088G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1737814G**



Name **SEAH ENG SENG**

Race **CHINESE**

Date of Birth **30-06-1966**

Sex **M**

Country of Birth **SINGAPORE**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE **09 Sep 1991**

NP 12CA

Licence No: **S1737814G**



0503004

NRIC No **S1737814G**

Blood Group **AB+**

Date of issue **04-09-1992**

Address **APT BLK 14 KAMPONG ARANG ROAD  
#08-47  
SINGAPORE 1543**






eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092168758	EDDIE SEAH	53358269E	GPC	Third Party, Fire & Theft	SJW5337G	SJW5337G	30/06/2017	04/07/2018

## ▼ Policy Information

Policy No.	5092168758	Policyholder Name	EDDIE SEAH	Policyholder NRIC	53358269E
Address	BLK 14 #08-47 KAMPONG ARANG ROAD DI TANJONG RHU SINGAPORE 431014				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	29/06/2017	Effective Date	30/06/2017 00:00	Expiry Date	04/07/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 14 #08-47	Address 2	KAMPONG ARANG ROAD	Address 3	DI TANJONG RHU
Address 4	SINGAPORE 431014	Address Type	Singapore address	Post Code	431014
Unit No.	08-47	Related Policy Number	5092168758		

▶ Insured Object: SJW5337G

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel



## Claim Handling

Accident MT/0972195

Policy No.	5092168758	Vehicle No.	SJW5337G	GST Registration No.	
Policyholder Name	EDDIE SEAH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		

➤ **Accident Details**

Report Date	04/12/2017 14:46	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/12/2017	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) AFTER STEVEN RD EXIT				

➤ **Benefits**

➤ **Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

➤ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

➤ **Policyholder Mailing Address**

Address 1	BLK 14 #08-47	Address 2	KAMPONG ARANG ROAD	Address 3	
Address 4	SINGAPORE 431014	Address Type	Singapore address	Post Code	
Unit No.	08-47	Related Policy Number	5092168758		

➤ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	SEAH ENG SENG	Driver NRIC	S1737814G	Driving Experience	
Register Date of Driver License	09/09/1991	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	97802952	Contact No.(Office)	0	Contact No.	
Address 1	BLK 14	Address 2	KAMPONG ARANG ROAD	Address 3	
Address 4	SINGAPORE 431014	Address Type	Singapore address	Post Code	
Unit No.	08-47				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EDDIE SEAH	Insured NRIC		
Contact No.(Mobile)	97802952	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	SJW5337G	TP Vehicle Number		
Claim Description	SJW5337G / SLG1431D ON 3 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	04/12/2017 14:49	Claim Close Date				
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0972195	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2017 14:57
Path *	Category *		
<input type="text"/>	<input type="text"/>	Confidential	Urgency
<input type="text"/>	<input type="text"/>	NO	Normal

	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:57	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:57	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:52	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:52	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:52	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:52	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:49	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:49	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:49	Photos	Normal	Photo:





NAC\_PAVA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2017 14:49

Photos

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Photos

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