

NATIONAL Assessment Centre Services (Ref: JAN05)

Date In: 17/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18001010/15	SAS e-filing		
Veh No: SJF4566H	E-mail (within 8hrs, AIC 2hrs)		
DOA: 13/01/18 0620	i-Motor Claim Form	MT/0978324	
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: UNKNOWN	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

NA1800401	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	OD:		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	*N9: DV / Collect Excess Coordination	\$5	
Contact No:	TP (N11): TP (Non INC) against INC	\$20	
Damaged Portion:	9) N12: Idac Mobile	\$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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 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	17/01/2018 10:37
Date Of Accident	13/01/2018 04:20
Exact Location Of Accident	ALONG KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4566H
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Insured/Policyholder

Name Of Registered Owner	KRINESH BALASAMY RENGARAJOO
NRIC No	S8820460C
Email Address	KRINESHBRENGARAJOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91254666
Alternative Phone No	OTHERS-91254666

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095403110
Cover Note Number	

Driver

Name of Driver	KRINESH BALASAMY RENGARAJOO
NRIC No	S8820460C
Date Of Birth	04/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91254666
Fax Number	
Contact Number	OTHERS-91254666
EMail Address	KRINESHBRENGARAJOO@GMAIL.COM

Address	BLK 124 JURONG EAST ST 13 #14-07
Postcode	600124
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180115/2122

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
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:

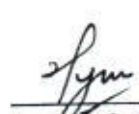
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

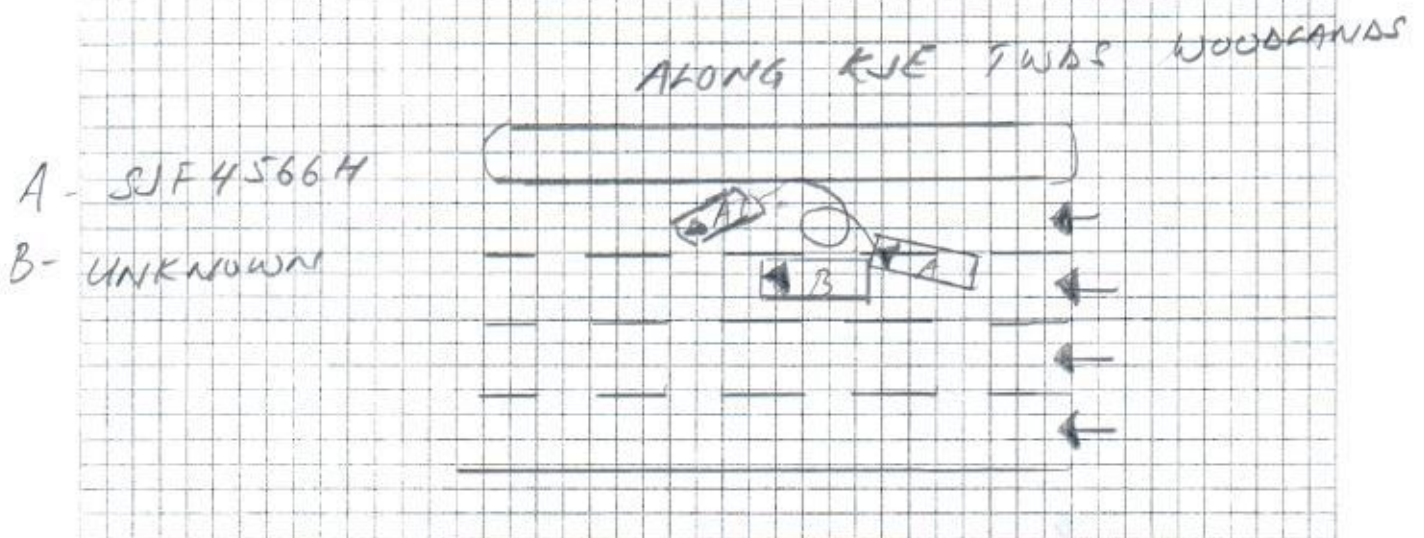
Date & Time:

16/01/18

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

 17/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 1/20180115/2122

DECLARATION

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

K. K. K. 16/01/18.

Policyholder's Signature
Date & Time:

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

ofym 17/01/18

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



SINGAPORE POLICE FORCE



T/20180115/2122

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180115/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 15:57		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KRINESH B RENGARAJOO			Address: APT BLK 124 JURONG EAST ST 13 #14-07 JURONG EAST ESTATE SINGAPORE 600124		
ID Type / ID No.: NRIC NO / S8820460C			Contact No.: Home/Office:		Mobile: 91254666
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 04/06/1988	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2018 04:20	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF4566H	Car	SUBARU	IMPREZA 5D 1.5R AWD 5MT	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF4566H	NTUC Income Insurance Co-Operative Limited	5095403110	28/10/2017	28/05/2018



**SINGAPORE
POLICE FORCE**



T/20180115/2122

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180115/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRINESH B RENGARAJOO	ID No.	S8820460C
Related Vehicle	NIL	Contact No.	91254666
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.

13/01/2018 @0420HRS (KRANJI EXPRESSWAY)

I WAS TRAVELLING ALONG KJE, IT WAS RAINING HEAVY. I WAS CHANGING LANE FROM THE SECOND LANE TO THE FIRST LANE TO OVERTAKE THE LORRY. WHILE OVERTAKE THE LORRY, HE ALSO TRY TO MAKE A LANE CHANGE AS WELL. WHEN THAT HAPPENED MY CAR LEFT OF THE CAR MAKE CONTACT WITH HIS REAR RIGHT OF THE LORRY. ON IMPACT MY CAR SKIDDED AND DID A 360 DEGREE TURN AND CAME IN CONTACT WITH THE CENTER DIVIDER BEFORE COMING TO A COMPLETE STOP ON LANE ONE. THE DRIVER OF THE LORRY CONTINUE FORWARD AND DID NOT STOP. I THEN TRY TO START MY CAR BUT I COULD NOT START AT ALL, I TRY TO PUSH THE CAR BUT IT DID NOT WORK AS WELL. ONE OF THE PASSERBY CAME TO HELP AND I CALLED FOR THE TOWING FOR MY VEHICLE AND I TOOK A RIDE FROM A PASSERBY.



**SINGAPORE
POLICE FORCE**



T/20180115/2122

3 of 3

Report No. T/20180115/2122

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/01/2018 15:57

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 01 / 2018 (DD/MM/YYYY), TIME: 04 : 20 (HH:MM)

LOCATION: KSE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJF 4566H.
b) INSURANCE COMPANY: NTUC.
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 2006 Subaru Impreza 1.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) Hatchback.
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal.
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: Krinesh B Rengarajoo (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8820480C. CONTACT: 91254666.
c) ADDRESS: Blk 124 Jurong East Street 13.
#4-07.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 04 / 06 / 1988. (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4 1/2 yrs.

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: Traffic Police.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____


9. THIRD PARTY VEHICLE

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

Email = Krinesh.b.Rengarajoo@gmail.com.

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8820460C





Name
KRINESH B RENGARAJOO

Race
INDIAN

Date of birth
04-06-1988

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8820460C

Name: KRINESH B RENGARAJOO

Birth Date: 04 Jun 1988

Issue Date: 18 Feb 2017




4796321




NRIC No: S8820460C

Date of issue
25-11-2011

Address
APT BLK 124 JURONG EAST STREET 13 #14-07
SINGAPORE 600124

NRIC No: S8820460C

Date: 03/01/2013

No: 7201938


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

EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	10 Jul 2013

NP 428A

Licence No: S8820460C



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"/>	5095403110	KRINESH BALASAMY RENGARAJOO	S8820460C	GPC	Third Party	SJF4566H	SJF4566H	28/10/2017	28/05/2018

Claim Handling

Accident MT/0978324

Policy No.	5095403110	Vehicle No.	SJF4566H	GST Registration No.	
Policyholder Name	KRINESH BALASAMY RENGARAJOO			Policyholder NRIC	S88
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91254666	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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	Private Hire	Yes

Accident Details

Report Date	17/01/2018 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Other
Date of Accident	13/01/2018	Time of Accident hh:mm	04:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KJE				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	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	124 JURONG EAST STREET 13	Address 2	#14-07 IVORY HEIGHTS	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	600
Unit No.		Related Policy Number	5095403110		

OI Driver Info

Driver Name	KRINESH B RENGARAJOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8820460C	Driver DOB	04/11/1988
Register Date of Driver License	10/07/2013	Driver Age	29	Driving Experience	4
Contact No.(Mobile)	91254666	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	124 JURONG EAST STREET 13	Address 2	IVORY HEIGHTS	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	600
Unit No.	#14-07				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	KRINESH BALASAMY RENGARAJOO	Insured NRIC	S88
Contact No.(Mobile)	91254666	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJF4566H	TP Vehicle Number	UNK
Claim Description	SJF4566H / UNKNOWN ON 13 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	17/01/2018 17:46	Claim Close Date		Date Received	17/01/2018
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Attachment

1/17/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0978324

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

17/01/2018 00:00

Path *

Category *

Confidential

Urgency *

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
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:45	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:45	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:45	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:42	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Jan 2018 17:42	Photos	Normal	Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17
Jan 2018 17:42

Photos

Normal

Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17
Jan 2018 17:42

Photos

Normal

Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17
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