

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MMA 118038978**

Date In: <b>22/13/18 14:11</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18005374164</b>	SAS e-filing		
Veh No: <b>FBE 3262R</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>21/13/18 09:40</b>	i-Motor Claim Form	<b>M7/0987172</b>	<b>22/13/18 18:00</b>
OD <input checked="" type="checkbox"/> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>SHD 9922P</b>	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

<b>NA1801838</b>		<b>Invoice Preparation Checklist</b>		Ant (\$)	Ant (\$)
				Est Bill	Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);		<b>30.00</b>	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
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:-			
		Q1:			
QC Checked by (Engr-In-Charge):		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		*N9: TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idac Mobile \$0			
Auditors' Comments :-		Invoice dated		Fee Charged	
Cat 1:		Invoice dated		Fee Charged	
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 willful 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	22/03/2018 14:11
Date Of Accident	21/03/2018 09:40
Exact Location Of Accident	SERANGOON AVE 2 TWDS UPP SERANGOON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3262R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN CHEE KONG
NRIC No	S7760524Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834721
Alternative Phone No	OFFICE-93834721

### Vehicle Particulars

Manufacturer	HONDA
Model	ST1300A
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	MOTORCYCLE

### 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	5053989526-05
Cover Note Number	-

### Driver

Name of Driver	CHAN CHEE KONG
NRIC No	S7760524Z
Date Of Birth	28/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834721
Fax Number	
Contact Number	OFFICE-93834721
EMail Address	NOEMAIL

Address	BLK 222 SERANGOON AVE 4 #08-260
Postcode	550222
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	YES
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

PLEASE REFER TO POLICE REPORT.

#### 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	SHD9922P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HOCK GUAN
NRIC/Passport Number	S6837549E
Contact Number	85047543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG YEW KHENG
NRIC/Passport Number	S7217204C
Contact Number	88082903
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHAN CHEE KONG
Approximate Age	
Injuries Sustain	ARM AND LEGS
Injured person in which vehicle?	FBE3262R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

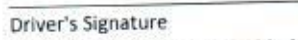
### IMPORTANT NOTICE

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:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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:

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





# SINGAPORE POLICE FORCE



T/20180321/2106

1 of 4

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

Report No. T/20180321/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2018 15:55	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>		
Name of Informant: CHAN CHEE KONG		Address: APT BLK 222 SERANGOON AVE 4 #08-260 HDB-CHUAN ESTATE SINGAPORE 550222
ID Type / ID No.: NRIC NO / S7760524Z		Contact No.: Home/Office: Mobile: 93834721
Nationality: MALAYSIAN		Email:
Sex: Male	Age: 40	Date of Birth: 28/09/1977
Type of Informant: Rider		
Race: Chinese		Language: Institution / School Name:
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/03/2018 09:40	Type of Location: Bend
Location: Along Road 1 SERANGOON AVENUE 2  NEAR NEX SHOPPING MALL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3262R	Motorcycle	HONDA	ST1300A	White	Seriously Damaged	0
SHD9922P	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20180321/2106

2 of

Report No. T/20180321/210

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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE3262R	NTUC Income Insurance Co-Operative Limited	5053989526-05	08/05/2017	07/05/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	CHAN CHEE KONG		ID No.	S7760524Z
Related Vehicle	FBE3262R (Motorcycle)		Contact No.	93834721
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/03/2018		Date Discharge	21/03/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	LIM HOCK GUAN		ID No.	S6837549E
Related Vehicle	SHD9922P (Car)		Contact No.	85047543
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name				
CHENG YEW KHENG		ID No.	S7217204C	
Related Vehicle		NIL		Contact No. 88082903
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment		NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL		Degree of Injury NIL





**SINGAPORE  
POLICE FORCE**



T/20180321/2106

3 of 4

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

Report No. T/20180321/2106

**CONTINUATION OF REPORT**

**Brief Details.**

AT THE ABOVE MENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG THE CENTRE LANE OF 3 ON SERANGOON AVE 2 COMING FROM THE TRAFFIC LIGHT, THERE WAS A BEND INFRONT, SO AS I APPROACHED THE BEND, THE TAXI SHD9922P THAT WAS BEHIND ME, CUT ABIT INTO MY LANE AND HIT THE LEFT REAR SIDEBOX OF MY BIKE, AS SUCH I LOST CONTROL OF MY BIKE AND I ENDED UP COLLIDING WITH ANOTHER MAZDA CAR WHICH WAS IN THE FIRST LANE. WE ALL GOT OUT OF OUR VEHICLES AND TOOK DOWN EACH OTHER'S PARTICULARS. TRAFFIC POLICE ATTENDED THE SCENE THEY ASKED ME TO CALL MY INSURANCE AND SETTLE THROUGH THE INSURANCE. HOWEVER AS I WAS FEELING SLIGHT PAIN ON MY ARM AND LEG, I WENT TO THE HOSPITAL TO GET IT CHECKED AND GOT 3 DAYS OF MC.



SINGAPORE  
POLICE FORCE



T/20180321/2106

4 of 4

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

Report No. T/20180321/2106

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 /  
TAN KIN WAH

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:  
21/03/2018 15:55

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7760524Z



Name  
**CHAN CHEE KONG**  
**陈志刚**  
Race  
**CHINESE**  
Date of birth  
**28-09-1977** Sex  
**M**  
Country of birth  
**MALAYSIA**




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7760524Z**  
Name:  
**CHAN CHEE KONG**  
Birth Date: **28 Sep 1977**  
Issue Date: **08 Jul 2008**



001624093E

8788761





NRIC No. **S7760524Z**  
Nationality  
**MALAYSIAN**  
Date of issue  
**12-07-2008**  
APT BLK 222 SERANGOON AVENUE 4 #08-260  
SINGAPORE 550222  
NRIC No: **S7760524Z** Date: **08/05/2014**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	26 Nov 2008
Class 2A	Motorcycles between 201 cc and 400 cc	13 Sep 2008
Class 2	Motorcycles > 400 cc	08 Jul 2008
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	26 Nov 2008

NP 428A



Licence No: S7760524Z

Hello, NAC\_PAYA\_UBI\_800601

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/03/2018 13:54"/>
Vehicle No.(For Motor)	<input type="text" value="FBE3262R"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5053989526-05	CHAN CHEE KONG	S7760524Z	GMC	Third Party, Fire & Theft	FBE3262R	FBE3262R	08/05/2017	07/05/2018



3/22/2018

## Claim Handling

Accident MT/0987172

Policy No.	5053989526-05	Vehicle No.	FBE3262R	GST Registration No.	
Policyholder Name	CHAN CHEE KONG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	57760524Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Not available
<b>Accident Details</b>					
Report Date	22/03/2018 13:17	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/03/2018	Time of Accident hh:mm	09:35	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG SERANGOON AVE 2 (INFRONT OF SUNGLADE CONDO)				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 222 #08-260	Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550222	Address Type	Singapore address	Post Code	550222
Unit No.		Related Policy Number	5053989526-05		

## 01 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Modification History

Claim 003 **New**

Claim Type *	OD-MX	Insured Name	CHAN CHEE KONG	Insured NRIC	57760524Z
Contact No.(Mobile)	93834721	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	CKCHAN_77@YAHOO.COM	O1 Vehicle Number	FBE3262R	TP Vehicle Number	SHD9922P
Claim Description	FBE3262R / SHD9922P ON 21 Mar 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/03/2018 17:58	Claim Close Date		Date Received	22/03/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.	MT/0987172	Claim No.	003				
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 18:00				
Path *		Category *		Confidential	Urgency *	Destr	
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		
Choose File	No file chosen	Clear	Please Select	NO	Normal		

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 18:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 18:00	SAS	Normal	SAS 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:59	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:59	Photos	Normal	Photos 2018-3-22
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:58	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:58	Photos	Normal	Photos 2018-3-22
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:58	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:58	Photos	Normal	Photos 2018-3-22
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