

NATIONAL Assessment Centre Services. (wef 1 Jan 2001)

Date In: 18/06/2018 11:01

Ref No: NA/INC18010937/K4

Veh No: SJM3746A

D.O.A: 18/06/2018 18:45

OD TP / Reporting Only

TP Insured:

Job description

SAS e-illing

E-mail (within 2hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Date & Time Completed

Done by

MT/0999198-001

19/6/18 14:30

Preferred Wksp / INC Assign Wksp / QW:

TP Particulars:

Veh No:

SJZ1964G

INC () / Non-INC ()

Tel:

Fax:

Owner / Driver:

Policy No:

Period:

Tel:

Confirmed by:

Cover Type:

Insured/Driver Liability:

%

(Note: Est. Status (WO):

Date:

Time:

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Actions:

NA1803813

Insurance Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Bngr-In-Charge):

Editor's Comments:

2/3:

Invoice Breakdown Credits

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee \$40/\$45

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) NI: Idav DA + SMRT Survey \$160

8) NTUC Additional Service Cost

9) NI: Idav DA + SMRT Survey \$160

10) NI: Idav DA + SMRT Survey \$160

11) NI: Idav DA + SMRT Survey \$160

12) NI: Idav DA + SMRT Survey \$160

13) NI: Idav DA + SMRT Survey \$160

14) NI: Idav DA + SMRT Survey \$160

15) NI: Idav DA + SMRT Survey \$160

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	18/06/2018 11:01
Date Of Accident	14/06/2018 18:45
Exact Location Of Accident	PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3746A
Insured/Policyholder	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	TANYIEN95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84255112
Alternative Phone No	OFFICE-84255112

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097554503
Cover Note Number	

Driver

Name of Driver	THAM IAN
NRIC No	S9537982F
Date Of Birth	17/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84255112
Fax Number	
Contact Number	OTHERS-84255112
Email Address	TANYIEN95@GMAIL.COM

Address	BLK 470 ANG MO KIO AVE 10 #12-912
Postcode	560470
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	2
Passenger 1	
	NAME: : NIL
	GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJZ1964G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEE SHEE (LI QIXU)
NRIC/Passport Number	S8016309F
Contact Number	98761154
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGR632Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD SHAHREEN BIN ZAINAL
NRIC/Passport Number	S8620778H
Contact Number	92961044
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	THAM IAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM3746A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

ACCIDENT STATEMENT

Reported on 16/6/2018
@ 10:05 AM.

ACCIDENT DATE: (14/06/2018) (DD/MM/YYYY), TIME: (18:45) (HH:MM)

LOCATION: Pasir Ris Drive 3

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 3746 A
b) INSURANCE COMPANY:
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: CONTACT:
C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: THAM IAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9537482E CONTACT: 84255112
c) ADDRESS: 770 Ang Mo Kio Avenue 10 #12-012

* d) DATE OF BIRTH: (17/10/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/07/2015

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: SJZ196EG MODEL:
b) DRIVER'S NAME: CONTACT:
c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGR632Z MODEL:
e) DRIVER'S NAME: CONTACT:
f) NRIC/FIN/PASSPORT:

Email = tangien95@gmail.com

fax = tangien95@gmail.com

Waiting for DL?

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:

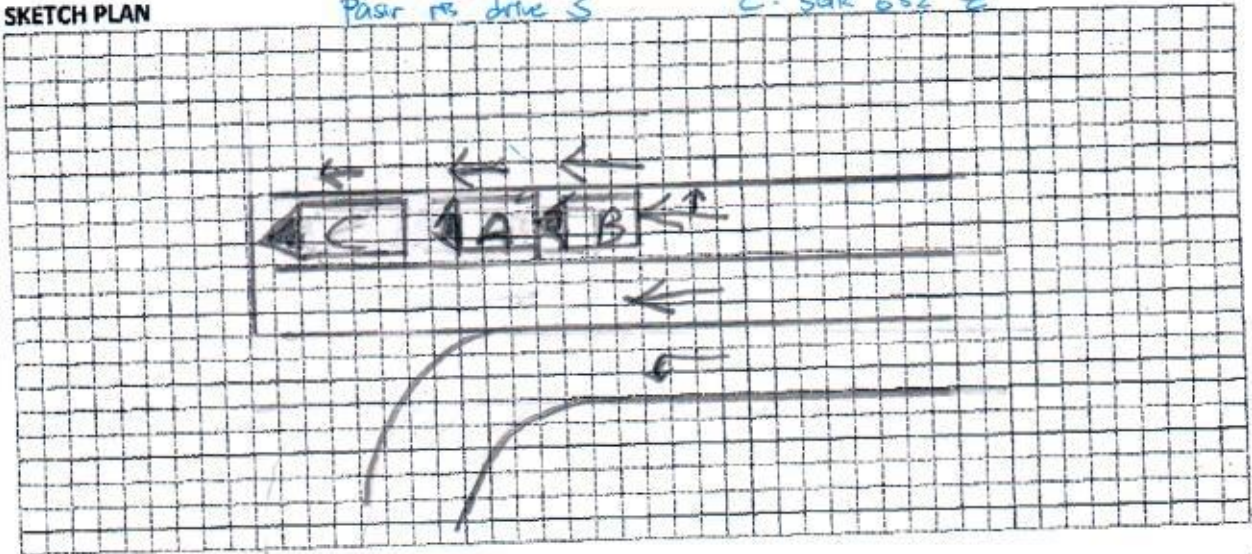
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

A: SJM 3746 A
B: SJZ 1964 G
C: SGR 632 Z

SKETCH PLAN

Pasir ris drive 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Pasir ris drive 1003 junction and stopped at a traffic light behind a Honda Jazz, after 3-4 seconds later, SJZ 1964 G suddenly hit the back of my car. The impact pushed my car forward to hit the Honda Jazz in front.

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.:

GIARMC SketchPlanForm_V3

RECEIVED 14/06/2018 18:56



祁氏西医务所

KI MEDICAL CLINIC

416 Ang Mo Kio Ave 10 #01-975 (560416)

Tel: 6455 4475

Receipt

Date : 14 Jun 2018

Receipt No. : 95777

Ref : 32932

For medical services rendered to

Name : THAM IAN

NRIC : S9537982F

Total amount \$ 41.00

(Dollars Forty One Only)

in payment of invoice no. 67586

Inclusive of GST \$ 2.68

GST No : 201130453R

KI MEDICAL CLINIC

Blk 416, Ang Mo Kio Avenue 10

#01-975, Singapore 560416

Tel: 6455 4475

Signature



祁氏西医务所
KI MEDICAL CLINIC
416 Ang Mo Kio Ave 10 #01-975 (560416)
Tel: 6455 4475

Medical Certificate

Date : 14 Jun 2018

MC No. : 0000041800

This is to certify that :

Name : THAM IAN

NRIC : S9537982F

is Excuse from Upper Limb Activities for 3 days

from 14/06/2018 to 16/06/2018 inclusive.

DR ALEX KI

KI MEDICAL CLINIC
Blk 416, Ang Mo Kio Avenue 10
#01-975, Singapore 560416
Tel: 6455 4475

M.B.B.S SINGAPORE, GDFM SINGAPORE,
GDA

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9537982F



Name

THAM IAN

譚 溢 恩

Race

CHINESE

Date of birth

17-10-1995

Country of birth

SINGAPORE

Sex

M



4636988

NRIC No. S9537982F



Date of issue

30-09-2010

Address

APT BLK 470 ANG MO KIO AVENUE 10
#12-912
SINGAPORE 560470

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S9537982F**
Name: **THAM IAN**
Birth Date: **17 Oct 1995**
Issue Date: **08 Jul 2015**

 002448645C



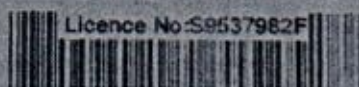


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **08 Jul 2015**

NP 428A



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/06/2018 18:45"/>						
Vehicle No.(For Motor)	<input type="text" value="SJM3746A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097554503	SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drivo CLASSIC	SJM3746A	SJM3746A	20/01/2018	30/12/2018
<input type="button" value="Continue"/>									

Claim Handling

Task Transfer Exit

Accident MT/0998867

LOS SAL SUB

Policy No.	5097554503	Vehicle No.	SJM3746A	GST Registration No.	
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED			Policyholder NRIC	201136198R
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
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	Not available

Accident Details

Report Date	18/06/2018 11:00	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/06/2018	Time of Accident hh:mm	18:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF PASIR RIS DR 3 / PASIR RIS DR 10				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5101319756		

OI Driver Info

Driver Name	Driver Type	
Unnamed driver Name	Driver NRIC	Driver DOB
Register Date of Driver License	Driver Age	Driving Experience
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)
Address 1	Address 2	Address 3

Claim Handling

Accident MT/0999198

Policy No.	5097554503	Vehicle No.	SJM3746A	GST Registration No.	
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED			Policyholder NRIC	201
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84255112	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	19/06/2018 14:21	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	14/06/2018	Time of Accident hh:mm	18:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DRIVE 3				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPIN	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	588
Unit No.		Related Policy Number	5101554111		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	THAM IAN	Driver NRIC	S9537982F	Driver DOB	17/1
Register Date of Driver License	08/07/2015	Driver Age	22	Driving Experience	2
Contact No.(Mobile)	84255112	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 470	Address 2	ANG MO KIO AVENUE 10	Address 3	
Address 4		Address Type	Singapore address	Post Code	560
Unit No.	#12-912				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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	SG VEHICLE RENTAL PRIVATE LI	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJM3746A	TP Vehicle Number	SJZ
Claim Description	SJM3746A / SJZ1964G ON 14 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault ▼		
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Rec
Date Registered	19/06/2018 14:32	Claim Close Date		Date Received	19/6
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



6/19/2018

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

Accident No.

MT/0999198

Claim No.

001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

19/06/2018 14:30

Path *

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























Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:32	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:32	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:30	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:29	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:28	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:28	Photos	Normal	Photos 2018
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