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D.O.A: 2/7/18-15:40	i-Motor Claim Form	M/ 100/501-001	3/3/18 20:	36
0D : FDV B 0.1	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		0 = 1
OD / TP Reporting Only	i-Photo Uploaded			5070
TRI	Assessment/Survey Report			90000
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: ((Tel: F	ax:	23325
TP Particulars: Veh No: 5	H 3392 U INC ()/Non-INC()	¥	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		-1072
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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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	03/07/2018 17:27
Date Of Accident	02/07/2018 15:40
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4435Y
Insured/Policyholder	
Name Of Registered Owner	A & T CAR RENTAL PTE LTD
Co Reg No	201600008M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093167264-01
Cover Note Number	
Driver	
Name of Driver	ANG KHENG CHONG

NRIC No S7675991Z Date Of Birth 05/09/1976 Occupation **INDOOR** Date Of Driving Pass 19/04/1997

Driving Experience 21 YEARS AND 2 MONTHS

Gender MALE

(LOCAL) +65-96813079 Mobile Number

Fax Number

Contact Number OFFICE-96813079

EMail Address NOEMAIL Address BLK 119 ALJUNIED AVENUE 2

#01-24

Postcode 380119

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 Registration Number of Drivers 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 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

NO

2

YES

NO

YES

YES

: TAN JUAY SAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE POST

ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 ,

Police Station Address COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2869999 - FAX NO: 63822066

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180703/2088.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

ra?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH2392U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMED MUBARAQ S/O CHAMAN LAL

NRIC/Passport Number S8540915H Contact Number 83362833 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

ANG KHENG CHONG Name

Approximate Age

Injuries Sustain NECK & BACK

GBF4435Y Injured person in which vehicle?

Were seat belts worn? Was this injured conveyed to hospital by

YES NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 2

TAN JUAY SAN Name

Approximate Age

NECK & BACK Injuries Sustain Injured person in which vehicle? **GBF4435Y**

Were seat belts worn? YES

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

REA

ture Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKET	-	ABI
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	- 70			
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CNS				
RENTA				

We declare the opragoing 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 gignature Name:

NRIC/FIN No .:

Personal Particulars
Date of Accident: 3 7 18 Time of Accident: 3 - 40 pm
Exact Location of Accident: Paya Lebar Rd
Owner's Name: A & T Car Rental PH Ltolaic No: HP No:
Driver's Name: Ang Kheng Chong NRICNO: 5767599174P No: 96813075
Date of Birth: 5 9 1976 Driv ng Licence Passing Date: 19 4 1997 Occupation: Indoor / Outdoor
Address: 119 Aljunied Ave 2 # 01-24 (380119)
Relationship of Driver with Insured: Owner Email Address:
Vehicle No: GBF 44354 Make & Model: Toyota
Insurance Co: NTUC Coverage: Conpanion No: 5093167264
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Werk
*Weather Condition ? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: It B. It C: D:
*Was Anybody Injured ? (Yos / No) If yes,
Name / NRIC / In Vehicle: TAN JUAY SAN, ANG KHENG CHUNG
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No 8 Yes, Vehicle Registration No: 50T 815X1 insurer: India
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Ves/No)
Third Party Driver's Particulars
Vehicle B No: 55H 239 2U Make & Model:
Driver's Name: Mohol Mybarag slo Chanas Lal NRICNO: 5854091517 No: 8336283
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:





1 of 3 Report No. T/20180703/2038

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

03/07/2	me Report 018 12:21	Made:	Vide Report No.:	Station Diary No.:
Infram	ant's Partic	ulare	100 P. G. C.	8
Name of	of Informant HENG CHC		Address: APT BLK 119 ALJUNIED AV 380119	ENUE 2 #01-24 SINGAPORE
NRIC N	/ ID No.: O / S76759	91Z	Contact No.: Home/Office:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
National SINGAR	ity: ORE CITIZ	EN	Email:	Mobile: 96813079
Sex: Male	Age:	Date of Birth: 05/09/1976	Type of Informant: Driver	
Race: Chinese		- V	Language:	Institution / School Name:
Occupat SELF-EN	on: MPLOYED		Driving Licence Information: Class: 2B,3	Date of Expire

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location
Location: Along Road 1 PAYA LEBAR Paya Lebar Ro Weather:		Paya Lebar Road	02/07/2018 15:4	5
Drizzling		Road Surface:	Manager State	Road Speed Limit
Traffic Flow: Type of Collision		Traffic Control:		Traffic Volume

/enicle No.	Type	Make	Model			ALCOHOL AND AND
BF4435Y	Van .			Color	Condition	Maria Bussella
13.	-			45 -45 -100	Slightly	13.75
JH2392U	Car	C		The state of the s	Damaged	The Part of the St





2 of 3

Report No. T/20180703/2038

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

CONTINUATION OF REPORT

On 02/07/2018 at about 1545hrs, I was travelling along in my Van (GBF 4435Y) from Paya Lebar Road towards Upper Paya lebar road. After I reached the traffic junction, I stopped my vehicle and everything was in order. I wish to state that the weather that day was slightly drizzling.

While I was waiting for the traffic light to turn green, I felt an impact at the rear of my van. When I looked back, I saw another vehicle (SJH 2392U) trying to drive away however and I gave chase to the vehicle and the vehicle stopped at the next traffic junction, as there were other vehicles in front. Subsequently, police were called up on this matter. I wish to state that the rear of my van was damaged due to the impact of the collision. I wish to state that I had a passenger with me (S1556254D, Tan Juay San, contact number: 9681 3469) and both of us were given three days of medical certificate. I wish to state that the other party colliding onto my van. HOUSTING NPP INGAPORE 530357

1800-2369999

Driver of SJH 2392U particulars

S8540915H Mohamed MUBARAQ s/o Chaman Lal Blk 32 Chai Chee Avenue #11-210

contact number: 8336 2833





Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999 3 of 3 Report No. T/20180703/2038

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: F / Sgt 1 ONG YU HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/07/2018 12:21
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI	Classification Of Case:
Contact No.: 65476219 SN 085 Authentication Stamp NP 158 Signature: Singapore Police Force	



IDENTITY CARD NO. S7675991Z

THE VEHIC OF SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

19 Apr 1997

Cass 2B Motorcycles not exceeding 200 cc Cass 3 Motor Cers and Motor Tracters the weight of which unladen does not exceed 2500 kilograms

NP 428A

Date: 19/07/2015

NRIC NO: S7675991Z .

APT BLK 119 ALJUNIED AVENUE 2#01-24 SINSAPORE 380119

21-02-2011

eBao Tech					(Passa)				Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601) 2 :	Change Lar	guage	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	io.				Date of Acc	ident	02/07	/2018 15:40	3
	Vehicle	No.(For Motor)	GBF4435Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093167264- 01	A & T CAR RENTAL PTE LTD	201600008M	GFT	Preferred Workshop Plan	GBF4435Y	GBF4435Y	28/05/2018	
					- 1	Continue				

olicy No.	5093167264-01	Policyholder Name	A & T CAR F	RENTAL PTE LTD	Policyholder NRIC	201600008M	
ddress	BLK 119 #01-24 ALJUNIED AVEN	IUE 2 SINGAR	ORE 380119				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	23/05/2018	Effective Date	28/05/2018	00:00	Expiry Date	27/05/2019 23	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	3659.40				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policy	holder Mailing Address						
Address 1	BLK 119 #01-24	Addr	ess 2	ALJUNIED AVENU	E 2	Address 3	SINGAPORE 380119
		Addr	ess Type	Singapore address	ş	Post Code	380119
Address 4		Relat	ed Policy	5093167264-01			
Address 4 Unit No.	01-24	Num	ber				
Unit No.	01-24 ed Object: GBF4435Y		ber				
Unit No.	ed Object: GBF4435Y		ber				

Claim Handling					Exit
The premium on this policy has Accident HT/1001501	not been coffected,				
Poncy No.	5093167264-01	Vehicle No.	GBF4415Y	GST Registration No.	
		Venice No.	G8F44-15Y		
Policyholder Name	A & T CAR RENTAL PTE LTD			Policyholder NR1C	20160000BM
Product Code	FLEET INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Corract No.(Mobile) Email Address	0	Contact No.(Office)	0	Contact No.(Home)	0
	A	Special Remark		eCode	No. of
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
				Land Company Company	
Report Date	03/07/2018 20:34	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear
Date of Accident	02/07/2018	Time of Accident hhomin	15.40	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	PAYA LEBAR RO				
♥ Benefits					
♥ Excess					
Own damage Excess	2,000,00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
→ GST Registered Information	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venties	Yes	
Modification History					
80072.0000.000.000.000.000.000.000	10000 T				
⇒ Policyholder Mailing Ad		**************************************		terrorional	771-1-701-1-701-7-701
Address 1 Address 4	BLK 119 #01-24	Address 2	ALJUNIED AVENUE 2	Address 1	SINGAPORE 380119
	Taction	Address Type	Singapore address	Post Code	380119
Unit No.	01-24	Related Policy Number	5093167264-01		
♥ OI Driver Info	Unnamed Driver	Driver Type			
Driver Name Unnamed driver Name	ANG KHENG CHONG	Driver NRIC	Unnamed Driver \$76759912	Driver DOB	05/09/1976
Register Date of Driver License		Driver Age			
			41	Driving Experience	21
Contact No.(Mobile)	96813079	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 119.	Address 2	ALJUNIED AVENUE 2	Address 3	SINGAPORE 380119
Address 4	620150	Address Type	Singapore address	Post Code	380119
Unit No. Does he own a Singapore	01-24				
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathwiyser or Blood Test	0 mg	20000	0		
Reading?	V mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim Tons 4	ОО-МХ	422 CANADA	(V2225000000	(Carrier of the Carrier of the Carri
Claim Type * Contact No.(Mobile)	OD-MX	Insured Name	A & T CAR RENTAL PTE LTD	Insured NRJC	201600008M
		Contact No. (Home)		Contact No.(Office)	63430921
Email Address	PROPERTY AND ADDRESS OF A 1 AND A	Of Vehicle Number	G8F4435Y	TP Vehicle Number	S1H2192U
Claim Description Preferred Workshop Contact	GBF4435V / S3H2392U ON 2 Jul 2018	Seminar Destruction (CP)		Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault	200	
Require Finalisation	Ves	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/07/2018 20:36	Claim Close Date		Date Received	03/07/2018 00:00
Report Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
	11500000000	22/2018	6900		
Acodem No.	MT/1001501	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	03/07/2018 20:38		
_	Path *		Category *	Confidential Urgen	cy * Description *
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Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? A (CO)
5 6	NAC. PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:38	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-3	
60	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:38	SAS	Normal	SAS 2018-7-3	
74	NAC_PAYA_UBI_BD0683(NATIONAL ASSESSMENT CENTRE SERVICES) 64 03 Jul 2018 20:38	Photos	Normal	Photos 2018-7-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2016 20:38	Photos	Normal	Photos 2018-7-3	
U	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:38	Photos	Normal	Photos 2018-7-3	
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:38	Photos	Normal	Photos 2018-7-3	
	NAC_PAYA_UBI_BD0601(NATJONAL ASSESSMENT CENTRE SERVICES) on DJ Jul 2018 20137.	Photos	Normal	Photos 2018-7-3	
4	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 2019	Photos	Normal	Photos 2018-7-3	1
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 3/4 2018 2018 2018	Photos	Normal	Photos 2018-7-3	3
	NAC_RAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 3ul 2018 20:37	Photos	Normal	Photos 2018-7-3	
	NAC_PAYA_UBI_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 0.3 Jul 2018 20:37	Photos	Normal	Photos 2018-7-3	
Sec.	NAC_MAYA_UBI_SOD601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 3ul 2018 20:37	Photos	Normal	Photos 2018-7-3	
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 3018 20187	Photos	Normal	Photos 2018-7-3	1
	NAC, PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:37	Photos	Normal	Photos 2018-7-3	
	NAC_PAVA_U8) .800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:37	Photos	Normal	Photos 2018-7-3	
N. LO	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:37	Photos	Normal	Photos 2018-7-3	3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:37	Photos	Normal	Photos 2018-7-3	
-	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jul 2018 20:37	Photos	Normal	Photos 2018-7-3	
Video List					

http://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do