

NATIONAL Assessment Centre Services

Date In: 28/07/2018 17:22	Job description	Date & Time Completed	Done by
Ref No. NA/INC 18013771/K4	SAS e-filing		
Veh No: SLH63584	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/07/2018 16:30	i-Motor Claim Form	MT/1005021-001	30/7/18 09:45
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJR 5158H	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%. P: 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
30/7/18 09:52 AM	Upload but cannot submit E-Box because asking for Claimant name and cannot submit

NA 1804766	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int. Bill	Add. Bill
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		
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
1. 2 / 3:	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 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	28/07/2018 17:22
Date Of Accident	28/07/2018 16:30
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6358U
Insured/Policyholder	
Name Of Registered Owner	MAHANI BINTE MD SALLEH
NRIC No	S0662774I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81261314
Alternative Phone No	OTHERS-81261314

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086726333-01
Cover Note Number	

Driver

Name of Driver	ABD RASOL BIN SULONG
NRIC No	S2095759Z
Date Of Birth	10/11/1938
Occupation	INDOOR
Date Of Driving Pass	27/08/1973
Driving Experience	44 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81261314
Fax Number	
Contact Number	OTHERS-81261314
Email Address	NOEMAIL

Address	BLK 644 PASIR RIS DRIVE 10 #02-22
Postcode	510644
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	5
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : MALE

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	SJR5158H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TAN CHOON SENG
NRIC/Passport Number	S7705542H
Contact Number	87420606
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABD RASOL BIN SULONG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLH6358U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NURUL BADRIYAH
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SLH6358U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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)**

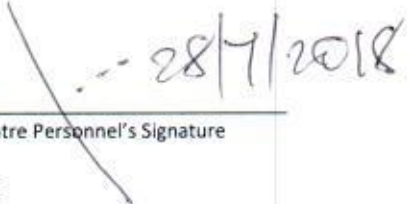
I understand, acknowledge, agree and consent that:

- (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:

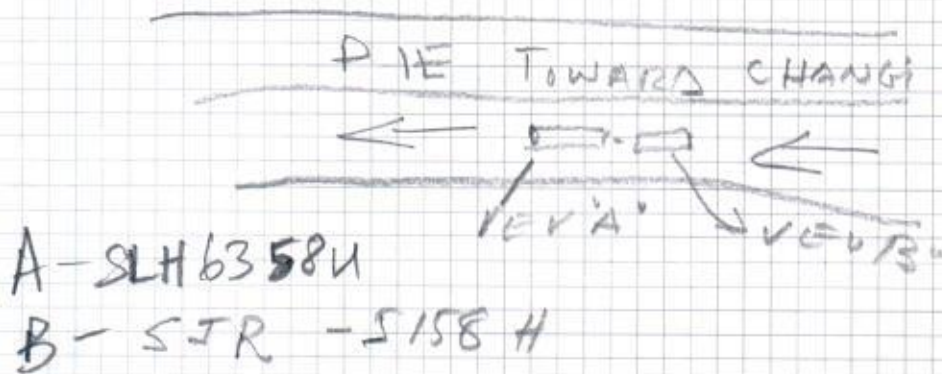


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along P/E
Toward Changi - Suddenly Veh B
saw my real position vehicle A

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.:

- 28/7/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2095759Z



Name
ABD RASOL BIN SULONG
عبدالراسول بن سولونغ
Race
MALAY
Date of Birth
10-11-1938 M
Country of Birth
MALACCA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2095759Z
Name
ABD RASOL BIN SULONG
Birth Date 10 Nov 1938
Issue Date 04 Jul 2003




8105958



NRIC No. S2095759Z



Nationality
MALAYSIAN
Blood Group Date of issue
B+ 17-01-1994


Address
APT BLK 644 PASIR RIS DRIVE 10 #02-22
SINGAPORE 510644
NRIC No: S2095759Z Date: 13/02/2013 No: 7321793

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
27 Aug 1973

Licence No: S2095759Z



NP 420A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5086726333-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLH6358U**
Chassis Number : JHMFD16308S216125
2. Name of Policyholder : MAHANI BINTE MD SALLEH
3. Effective Date of Insurance : 14 Jun 2018
4. Expiry Date of Insurance : 13 Jun 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: MAHANI BINTE MD SALLEH
NAMED DRIVER (1)	: ABD RASOL BIN SULONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 04 Jun 2018 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="28/07/2018 16:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SLH6358U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086726333-01		MAHANI BINTE MD SALLEH	S06627741	GPC	drivo CLASSIC	SLH6358U	SLH6358U	14/06/2018	13/06/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5086726333-01	Policyholder Name	MAHANI BINTE MD SALLEH	Policyholder NRIC	S0662774I
Certificate No.					
Address	BLK 644 #02-22 PASIR RIS DRIVE 10 SINGAPORE 510644				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/06/2018	Effective Date	14/06/2018 00:00	Expiry Date	13/06/2019 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 644 #02-22	Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE 510644
Address 4		Address Type	Singapore address	Post Code	510644
Unit No.		Related Policy Number	5086726333-01		

► Insured Object: SLH6358U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 14 Jun 2018, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$64.20 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Claim Handling

Accident MT/1005021

Policy No.	5086726333-01	Vehicle No.	SLH6358U	GST Registration No.	
Certificate No.					
Policyholder Name	MAHANI BINTE MD SALLEH			Policyholder NRIC	S061
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81261314	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(%)	30	Private Hire	No
▼ Accident Details					
Report Date	30/07/2018 09:38	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	28/07/2018	Time of Accident hh:mm	16:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI				
▼ Benefits					
Coverage		Sum Insured			
Excess Waiver		99999999.99			
▼ Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 644 #02-22	Address 2	PASIR RIS DRIVE 10	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5101
Unit No.		Related Policy Number	5086726333-01		
▼ OI Driver Info					
Driver Name	ABD RASOL BIN SULONG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S2095759Z	Driver DOB	10/1
Register Date of Driver License	27/08/1973	Driver Age	79	Driving Experience	44
Contact No.(Mobile)	81261314	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 644	Address 2	PASIR RIS DRIVE 10	Address 3	
Address 4		Address Type	Singapore address	Post Code	5101
Unit No.	#02-22				
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		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MAHANI BINTE MD SALLEH	Insured NRIC	S061	
Contact No.(Mobile)	96632143	Contact No.(Home)	65827677	Contact No.(Office)		
Email Address		OI Vehicle Number	SLH6358U	TP Vehicle Number	SJR1	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claim Description	SLH6358U ON 28 Jul 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	30/07/2018 09:48	Claim Close Date		Date Received	30/07	
Report Taken By		Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1005021 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 30/07/2018 09:45

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
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal
Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:44	SAS	Normal	SAS 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:44	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:44	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:44	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:44	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:44	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Jul 2018 09:43	Photos	Normal	Photos 2018-7-30