NATIONAL Assessment Centre Services (ref: 1 Jan'05) MMA1180976B8.

Date In: 30/7/18 09:11	Job description	Date & Time Completed	Done by
Ref No: NA / INC1801377516H.	SAS e-filing		
Veh No: FBG 6512P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 28/7/18 10:30.	i-Motor Claim Form	MT/1005271-001	31/7/18 09:53.
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: SGC 3684H. 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

MA1804793

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);		30.00	
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
QI:*			
*N5: Courtesy Car / Tpt 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		
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 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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	30/07/2018 09:11
Date Of Accident	28/07/2018 10:30
Exact Location Of Accident	JALAN LINGKARAN DALAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG6512P
Insured/Policyholder	
Name Of Registered Owner	HOE YEE SENG
NRIC No	S7140129D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97244044
Alternative Phone No	OFFICE-97244044
Vehicle Particulars	
Manufacturer	SYM
Model	GTS200
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	5056070686-05
Cover Note Number	-
Driver	
Name of Driver	HOE YEE SENG
NRIC No	S7140129D
Date Of Birth	11/11/1971
Occupation	INDOOR
Date Of Driving Pass	19/07/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97244044
Fax Number	
Contact Number	OFFICE-97244044
EMail Address	NOEMAIL

Address	BLK 186A BEDOK NORTH ST 4#16-10
Postcode	461186
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 [OTHER]	J/BAHRU SELATAN
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 28/07/2018 AROUND 1030HRS, I WAS RIDING MY BIKE ALONG SINGAPORE TOWARDS PARADIGM MALL (JB), WHEN I RIDING ALONG JALAN LINGKARAN DALAM ON THE CENTER LANE, SUDDENLY VEH B (BEARING NO SGC3684H) FROM THE EXTREME LEFT LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY BIKE LEFT HAND SIDE, CAUSE I FALL DOWN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGC3684H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HAIRIL BIN ISMAIL
NRIC/Passport Number	S7922976H
Contact Number	93875594
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HOE YEE SENG
Approximate Age	
Injuries Sustain	LEFT THUMB FINGER SWOLLEN, RIGHT LEG AND LEFT LEG ABRASION, BIG TOE PAIN
Injured person in which vehicle?	FBG6512P
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.

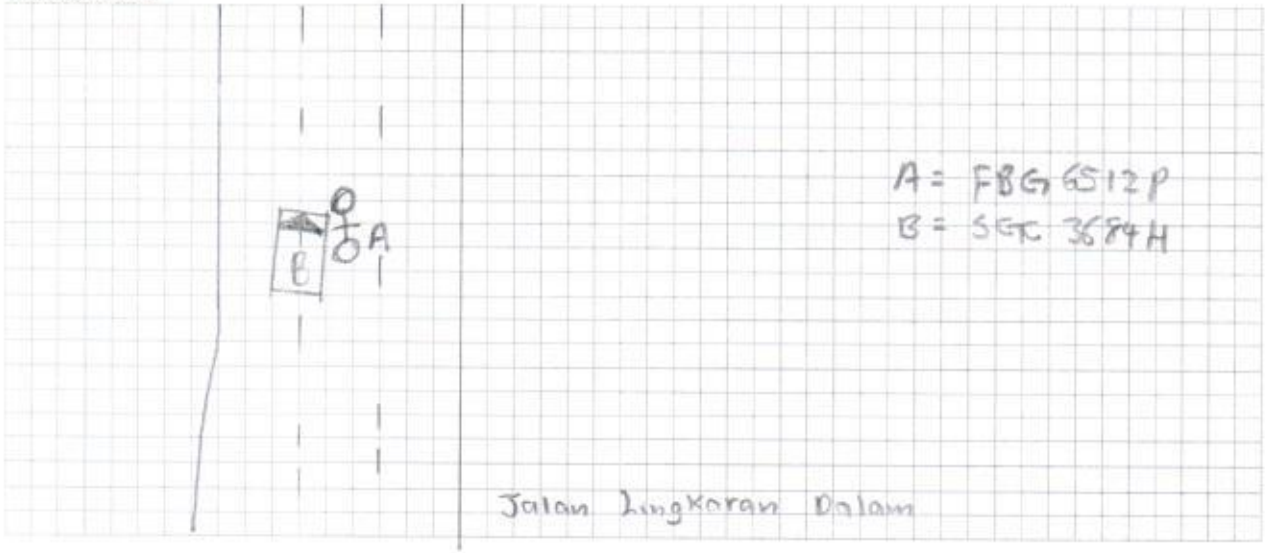
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.:

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R130812
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/017912/18
Tarikh : 28/07/2018
Waktu : 1103 AM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : NOORHASANAH BINTI ZULKIFLI **No Personel :** R188663 **Pangkat :** KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---
No Paspot: --- **Bahasa Asal :** ---
Alamat: ---

Butir-butir Pengadu
Nama : HOE YEE SENG
No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** E6062034J
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir :** 11/11/1971 **Umur :** 46 tahun 8 bulan
Keturunan : Cina **Warganegara :** Singapore
Pekerjaan : SWASTA
Alamat Tempat Tinggal : BLK 186A BEDOK NORTH AVE 4 #16-10 SINGAPORE , 461186
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 97244044
Emel : ---

Pengadu Menyatakan:-

PADA 28/7/2018 JAM LEBIH KURANG 1030HRS,SAYA MENUNGGANG M/SIKAL NO FBG6512P DARI SINGAPORE MENGHALA PARADIGM MALL.SEMASA SAYA SAMPAI DI JALAN LINGKARAN DALAM ,SAYA JALAN TERUS TIBA TIBA ADA SEBUAH M/KAR NO SGC3684H DARI SUSUR KIRI TELAH MASUK KE LALUAN SAYA DAN TELAH MELANGGAR M/SIKAL SAYA.SAYA CEDERA :LUTUT KAKI KIRI KANAN DAN BELUM MENERIMA RAWATAN .KEROSAKAN M/SIKAL SAYA :CALAR BODY ,HANDLE ,COVER SET ,DAN LAIN LAIN KEROSAKAN BELUM PASTI .SEKIAN LAPORAN SAYA .

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R130812 | 28/07/2018 11:59:43 AM

SALINAN YANG DISAHKAN BENAR
(HANYA UNTUK TUNTUKAN SIVIL)

KETUA TRAFIK DAERAH JOHOR BAHRU JOHOR
TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERBICARAAN

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : HOE YEE SENG
No Kad Pengenalan / Paspot : E6062034J
No Repot Polis : TRAFIK JOHOR BAHRU(S)/017912/18
Tarikh @ Masa Repot Polis : 28/07/2018 @ 11:03
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R130812) SJN ROSMADIE BIN RAMLI
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : **No Telefon Bimbit** : 018-9416332
Tarikh @ masa Perjumpaan : .....
Pengesahan Penerimaan Repot :

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....
Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

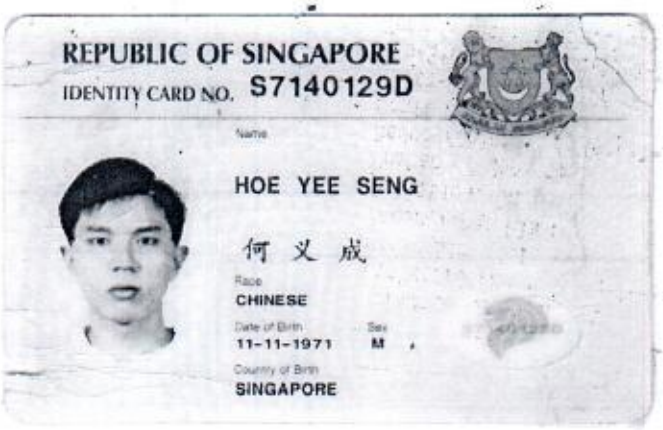
1. **Salinan Repot Polis** ☑
2. **Gambar Kenderaan** ☐
3. **Rajah Kasar Kemalangan** ☐
4. **Keputusan Siasatan** ☐
5. **Lain-lain Dokumen** ☐

14 Hari

Tarikh @ Masa Dokumen Diserah : .....

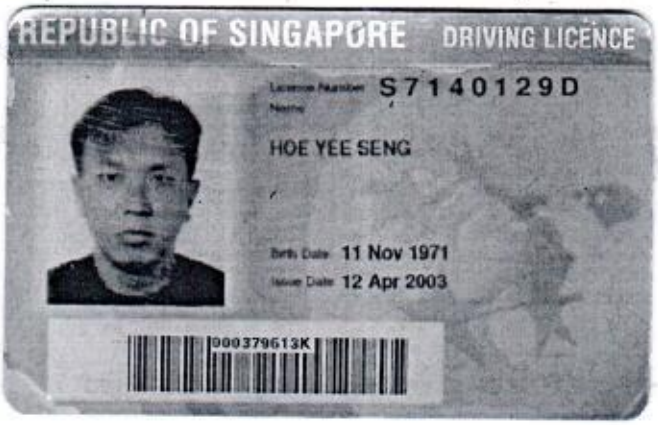
Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7140129D

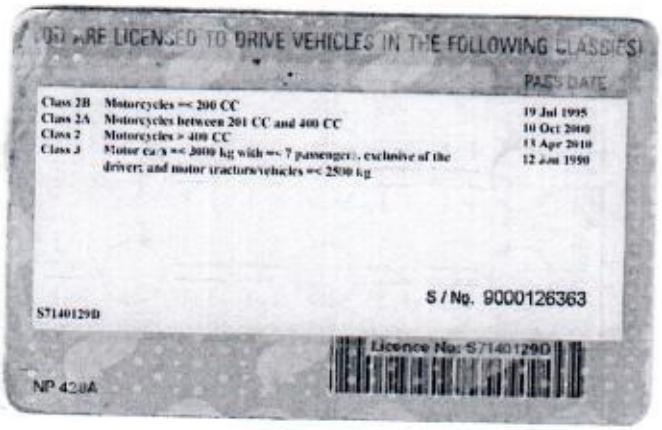
Name
HOE YEE SENG
何 义 成
Race
CHINESE
Date of Birth
11-11-1971
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7140129D
Name
HOE YEE SENG
Birth Date 11 Nov 1971
Issue Date 12 Apr 2003
000379613K

0388361
NRIC No S7140129D
Blood Group
B+
Date of Issue
15-06-1992
APT BLK 186A BEDOK NORTH STREET 4 #16-10
SINGAPORE 461186
NRIC No: S7140129D Date: 10/04/2018



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

		PASS DATE
Class 2B	Motorcycles =< 200 CC	19 Jul 1995
Class 2A	Motorcycles between 201 CC and 400 CC	10 Oct 2000
Class 2	Motorcycles > 400 CC	13 Apr 2010
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	12 Jun 1990

S / No. 9000126363
S7140129D
Licence No: S7140129D
NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 28/07/2018 09:01
Vehicle No.(For Motor): FBG6512P | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5056070686-05		HOE YEE SENG	S7140129D	GMC	Third Party, Fire & Theft	FBG6512P	FBG6512P	01/10/2017	30/09/2018

Continue

Claim Handling

Accident MT/1005271

Policy No.	5056070686-05	Vehicle No.	FBG6512P	GST Registration No.	
Certificate No.					
Policyholder Name	HOE YEE SENG			Policyholder NRIC	S7140
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97244044	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	○ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	31/07/2018 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	28/07/2018	Time of Accident hh:mm	10:30	Country of Accident	Outsid
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN LINGKARAN DALAM				

Benefits

Excess

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			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 186A #16-10	Address 2	BEDOK NORTH STREET 4	Address 3	FENGS
Address 4	SINGAPORE 461186	Address Type	Singapore address	Post Code	46118
Unit No.		Related Policy Number	5056070686-05		

OI Driver Info

Driver Name	HOE YEE SENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7140129D	Driver DOB	11/11/
Register Date of Driver License	19/07/1995	Driver Age	46	Driving Experience	23
Contact No.(Mobile)	97244044	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 186A #16-10	Address 2	BEDOK NORTH STREET 4	Address 3	FENGS
Address 4	SINGAPORE 461186	Address Type	Singapore address	Post Code	46118
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	◉ Yes ○ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	HOE YEE SENG
Contact No.(Mobile)	97244044	Contact No. (Home)	64414391
Email Address	yshoe1971@yahoo.com.sg	OI Vehicle Number	FBG6512P
Claim Description	FBG6512P / SGC3684H ON 28 Jul 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation	Yes	GIA report	Received
Date Registered	31/07/2018 09:50	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1005271	Claim No.	001

Last Doc. Received ◉ Yes ○ No Upload Date 31/07/2018 09:53

Path *		Category *	Confidential	Urgency *
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) o 31 Jul 2018 09:53	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	SAS		Normal	SAS 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:53	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:52	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:52	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:52	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:52	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:52	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:52	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos		Normal	Photos 2018-7-31
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	31 Jul 2018 09:50			
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 31 Jul 2018 09:50	Photos	Normal	Photos 2018-7-31

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