

**NATIONAL Assessment Centre Services.** [wef 1 Jan 05] **MNA18117977**

Date In: 11/9/18-1628	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016595/24	SAS e-filing		
Veh No: SJATIRA	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/9/18-02255	i-Motor Claim Form	M7/10/1894-001	11/9/18 1957
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: **SL3224X** 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

Claimant's Particulars :	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	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 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	11/09/2018 16:08
Date Of Accident	11/09/2018 02:55
Exact Location Of Accident	RAFFLES AVE NEAR RAFFLES LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA518A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Co Reg No	201713503C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96235068
Alternative Phone No	OFFICE-96235068

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093375113
Cover Note Number	

### Driver

Name of Driver	JOANNE SEAH JIA YING
NRIC No	S9304814H
Date Of Birth	05/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84989583
Fax Number	
Contact Number	OFFICE-84989583
EMail Address	NOEMAIL

Address	BLK 67 CIRCUIT ROAD #09-241
Postcode	370067
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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: : GARETH CHRISTOPHER CHEW GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180911/2114.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### Details of Witness 1

Name	GARETH CHRISTOPHER CHEW
Phone Number	92289018
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3224X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

2  
NAME: :  
GENDER: :

**DETAILS OF INJURED PERSON 1**

Name JOANNE SEAH JIA YING  
Approximate Age  
Injuries Sustain HEAD  
Injured person in which vehicle? SJA518A  
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**.
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.:





Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180911/2114

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2018 15:24	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: JOANNE SEAH JIA YING		Address: APT BLK 67 CIRCUIT ROAD #09-241 SINGAPORE 370067	
ID Type / ID No.: NRIC NO / S9304814H		Contact No.: Home/Office: Mobile: 84989583	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 25	Date of Birth: 05/02/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2018 02:55	Type of Location: Straight Road
Location: Along Road 1 RAFFLES AVENUE				
Near Raffles Link				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA518A	Car	TOYOTA	vios	Blue	Seriously Damaged	1
SLL3224X	Car	MAZDA		Blue	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA518A	NTUC Income Insurance Co-Operative Limited	5093375113	11/08/2017	26/11/2018



SINGAPORE  
POLICE FORCE



T/20180911/2114

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20180911/2114

CONTINUATION OF REPORT

Brief Details.

On 11/09/2018 at about 02:55am, I picked up a passenger from Esplanade Mall and was driving along Raffles Avenue. Infront of me was another car SLL3224X and was traveling along the same road. I noticed the driver was keeping left and as such I shifted more to the right. Suddenly the said driver of SLL3224X braked and swerved his car to the right. I was not able to stop on time and at the same time I tried to avoid the collision by shifting more right. However the driver swerved his car too fast that he collided onto my car. We got off our car and at that point of time no one was injured. We took photos of the damages and exchanged particulars. The damages were serious. Thereafter we left. Later in the day I felt pain on my head area as such I went to Mount Alvernia Hospital to seek treatment. I was then given 3 days of MC.

I would like to state that my car has a in built car camera and has recorded the incident. I also have my passenger as my witness who is one Gareth Christopher Chew Hp: 92289018.





**SINGAPORE  
POLICE FORCE**



T/20180911/2114

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No: T/20180911/2114

**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: G / Staff Sgt IMTIAZ AHAMED BIN HAMID HAJA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476367

Signature Of Informant: 
Date/Time: 11/09/2018 15:24
Classification Of Case:

Authentication Stamp NP168 
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REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9304814H**



Name

**JOANNE SEAH JIA YING**

**謝佳穎**

Race

**CHINESE**

Date of birth

**05-02-1993**

Sex

**F**

Country of birth

**SINGAPORE**

S9304814H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9304814H**

Name

**JOANNE SEAH JIA YING**



Birth Date **05 Feb 1993**

Issue Date **21 Jan 2013**



002143652K

4171767



NRIC No. **S9304814H**

Date of issue  
**06-02-2008**

Address

**APT BLK 67 CIRCUIT ROAD  
#09-241  
SINGAPORE 370067**

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3600kg with =<7 passenger, exclusive of the driver, and other motor vehicles =< 2500kg 21 Jan 2013



License No S9304814H

NF 428A

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

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

**Policy Query**

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093375113		PAUL HOE ENTERPRISE PTE LTD	201713503C	GPC	Third Party	SJA518A	SJA518A	11/08/2017	26/11/2018

Policy Information

Policy No.	5093375113	Policyholder Name	PAUL HOE ENTERPRISE PTE LTD	Policyholder NRIC	201713503C
Certificate No.					
Address	1 KAKI BUKIT AVENUE 6 #01-107 AUTOBAY @ KAKI BUKIT SINGAPORE 417883				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/08/2017	Effective Date	11/08/2017 00:00	Expiry Date	26/11/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-107 AUTOBAY @ KAKI BUK	Address 3	SINGAPORE 417883
Address 4		Address Type	Singapore address	Post Code	417883
Unit No.	11-07	Related Policy Number	5101767903		

Insured Object: SJAS18A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	09/05/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 Aug 2017 TO 26 Nov 2018 In view of this amendment, an additional premium of \$240.91 (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.

Continue Cancel

**Claim Handling**

[Exit](#)

Accident MT/1011094

Policy No.	5093375113	Vehicle No.	SJA518A	GST Registration No.	
Certificate No.					
Policyholder Name	PAUL HOE ENTERPRISE PTE LTD			Policyholder NRIC	201713503C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96235068	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	PL
KPK	<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	Yes
<b>Accident Details</b>					
Report Date	11/09/2018 19:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/09/2018	Time of Accident hh:mm	02:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	RAFFLES AVE NEAR RAFFLES LINK				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<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	1 KAKI BUKIT AVENUE 8	Address 2	#01-107 AUTOBAY @ KAKI BUK	Address 3	SINGAPORE 417883
Address 4		Address Type	Singapore address	Post Code	417883
Unit No.	13-07	Related Policy Number	S101767903		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/02/1993
Unnamed driver Name	JOANNE SEAH JIA YING	Driver NRIC	S9304814H	Driving Experience	5
Register Date of Driver License	23/01/2013	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	94989583	Contact No.(Office)	0	Address 3	MADPHERSON GARDEN
Address 1	BLK 67	Address 2	CIRCUIT ROAD	Post Code	370067
Address 4	SINGAPORE 370067	Address Type	Singapore address		
Unit No.	09-241				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

**Claim 001** [New](#)

Claim Type *	OD-MX	Insured Name	PAUL HOE ENTERPRISE PTE LTD	Insured NRIC	201713503C	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65295339	
Email Address		OI Vehicle Number	SJA518A	TP Vehicle Number	SL13224X	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJA518A / SL13224X ON 11 Sept 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	Received	
Date Registered	11/09/2018 19:57	Claim Close Date		Date Received	11/09/2018 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
<input type="button" value="Save"/> <input type="button" value="Submit"/>						

**Attachment**

Accident No.	MT/1011094	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/09/2018 19:59
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	SAS	Normal	SAS 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:58	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2018 19:57	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
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