

NATIONAL Assessment Centre Services [ver 1 Jan 2005]

Date In: 12/10/2018 15:07	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18018561/K4	SAS e-filing		
Veh No: GBH 7850B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/10/2018 13:00	i-Motor Claim Form	MT/1018561-001	15/10/18 0954
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: SGX 7238B. 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amnt (\$) [at Bill]	Amnt (\$) Add Bill
NA1806552	1) AR: Accident Reporting (\$30);		
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		
QC 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: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N'in INC) against INC \$20		
	9) N12: Idue Mobile 30		
	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 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. 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	12/10/2018 15:07
Date Of Accident	12/10/2018 13:00
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7850B
Insured/Policyholder	
Name Of Registered Owner	BEAU VOIX UNIFORM
Co Reg No	53151314M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91445513
Alternative Phone No	OFFICE-91445513

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104197323
Cover Note Number	

Driver

Name of Driver	CHOW CHEE KIN
NRIC No	S2534869I
Date Of Birth	07/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1988
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91445513
Fax Number	
Contact Number	OTHERS-91445513
EMail Address	NOEMAIL

Address	BLK 635 VEERASAMY ROAD #06-168
Postcode	200635
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	-
	-
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	
Was any body injured in the Accident?	NO
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?	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	SGX7238B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHOO AH TIONG
NRIC/Passport Number	S7869176Z
Contact Number	90236185
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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:

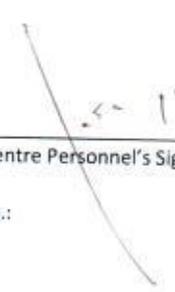
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

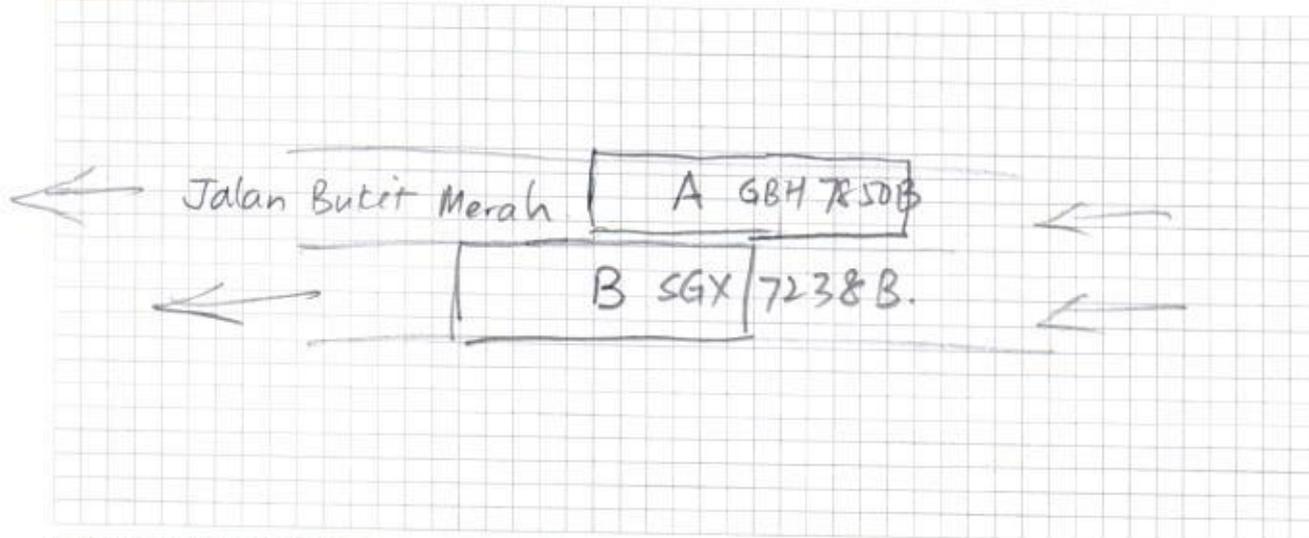


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A driving along Jalan Bukit Merah
While changing lane hit Vehicle B
Vehicle A Damage front to back (Left side)

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.:

12/10/2018

Reported on 12/10/2018 @ 1500hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (12/10/2018) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: Talan Bukit Merah.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 7850 B
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 91445513
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: SGX 7238B MODEL: _____
- b) DRIVER'S NAME: Khoo Ah Tiong
- c) NRIC/FIN/PASSPORT: S7869176Z CONTACT: 90236185

9. THIRD PARTY VEHICLE

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

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

email = info@beauvoix.com.sg

fax = info@beauvoix.com.sg

video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S25348691



Name
CHOW CHEE KIN
周志堅
Race
CHINESE
Date of Birth
07-12-1967 Sex M
Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S25348691
Name
CHOW CHEE KIN
Birth Date: 07 Dec 1967
Issue Date: 31 Aug 2012

0021014760

2970384



NRIC No. S25348691



Issue Date: 16-07-1997

APT BLK 635 VEERASAMY ROAD #06-168
SINGAPORE 200635
NRIC No. S25348691 Date: 22-10-2006 No. 5626019

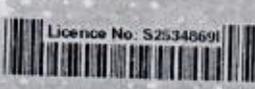
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg - 25 Jun 1983

NP 428A

Licence No. S25348691



income

made different

iDAC - Panya Ubi

claim no: 6788 6616

Toyota 6631 1188

5(128462)

Certificate of Insurance

Pandora Crescent

Level 4. Body Car

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 : 5104197323

GBH 7850 B.

Cover : Preferred Workshop Plan

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : JTFHT02P300245208 |
| 2. Name of Policyholder | : BEAU VOIX UNIFORM |
| 3. Effective Date of Insurance | : 27 Sep 2018 |
| 4. Expiry Date of Insurance | : 26 Sep 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC PTE LTD
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 : CAR INSURANCE AGENCY PTE. LTD. (00000573840)
Date of Issue : 26 Sep 2018 10:50 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.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104197323		BEAU VOIX UNIFORM	53151314M	GCV	Preferred Workshop Plan	GBH7850B	GBH7850B	27/09/2018	26/09/2019

Continue

▼ **Policy Information**

Policy No.	5104197323	Policyholder Name	BEAU VOIX UNIFORM	Policyholder NRIC	53151314M
Certificate No.					
Address	37 KALLANG PUDDING ROAD #02-08 TONG LEE BUILDING BLOCK B SINGAPORE 349315				
Product Name	COMMERCIAL VEHICLE INSURAN	Plan		Group Policy Flag	N
Policy issue Date	26/09/2018	Effective Date	27/09/2018 00:00	Expiry Date	26/09/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	CAR INSURANCE AGENCY PTE. L	Agent Tel.	63842777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	37 KALLANG PUDDING ROAD	Address 2	#02-08 TONG LEE BUILDING BL	Address 3	SINGAPORE 349315
Address 4		Address Type	Singapore address	Post Code	349315
Unit No.		Related Policy Number	5104197323		

▶ **Insured Object: GBH7850B**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/09/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Sep 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: HITACHI CAPITAL ASIA PACIFIC PTE LTD CHASSIS NUMBER: JTFHT02P300245208 ENGINE NUMBER: 1KD2826815 VEHICLE REGISTRATION NUMBER: GBH7850B ORIGINAL REGISTRATION DATE: 27 Sep 2018

Claim Handling

Accident MT/1015567

Policy No.	5104197323	Vehicle No.	GBH7850B	GST Registration No.
Certificate No.				
Policyholder Name	BEAU VOIX UNIFORM	Cover Type	Preferred Workshop Plan	Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	0	Loading
Contact No.(Mobile)	91445513	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason
NCD Protection	No			Private Hire

▼ **Accident Details**

Report Date	15/10/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/10/2018	Time of Accident hh:mm	13:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BUKIT MERAH			

▼ **Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/20
GST Registration No.	M90363815G	GST Status Verified	No
Modification History			

▼ **Policyholder Mailing Address**

Address 1	37 KALLANG PUDDING ROAD	Address 2	#02-08 TONG LEE BUILDING BL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104197323	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	CHOW CHEE KIN	Driver NRIC	S2534869J	Driving Experience
Register Date of Driver License	25/06/1988	Driver Age	50	Contact No.(Home)
Contact No.(Mobile)	91445513	Contact No.(Office)	0	Address 3
Address 1	BLK 635 #	Address 2	VEERASAMY ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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	BEAU V
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBH78!
Claim Description	GBH7850B / SGX7238B ON 12 Oct 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Date Registered	15/10/2018 10:42	Preferred Repair Option	Preferred Workshop, Name unknown
Report Taken By		GIA report	Received
Print AK letter	<input checked="" type="checkbox"/>	Claim Close Date	
		Workshop Repairer	

Save Submit

Attachment

Accident No. MT/1015567 Claim No. 001
 Last Doc. Received Yes No Upload Date 15/10/2018 09:54

Path *

- Choose File No file chosen
- Message Read

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 10:42	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:54	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:54	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:54	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:54	Photos	Normal	Photos ;
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:53	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2018 09:53	Photos	Normal	Photos ;