

# NATIONAL Assessment Centre Services

Date In: 16/10/2018 17:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018798/K4	SAS e-filing		
Veh No: FR 5231 B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/10/2018 12:15	I-Motor Claim Form	MT/1015966-001	17/10/18 09:50
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: SKK6899X	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

NA1806605		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				In Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);				
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)				
Contact No:	3) TP: Towing Fee \$40/\$45				
Damaged Portion:	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:-				
	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 (Non INC) against INC \$20				
	9) N12: Idac Mobile \$0				
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged			
	Invoice dated	Fee Charged			
Auditors' Comments:					
Cat. 1:					
Cat. 2 / 3:					



## 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 16/10/2018 17:20  
 Date Of Accident 06/10/2018 12:15  
 Exact Location Of Accident JUNC OF EAST COAST RD / TELOK KURAU RD / LP NO: 29  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FR5231B  
**Insured/Policyholder**  
 Name Of Registered Owner MUHD KHAIRULNIZAM BIN MOHD PANDI  
 NRIC No S9044003I  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-87514408  
 Alternative Phone No OTHERS-87514408

### Vehicle Particulars

Manufacturer YAMAHA  
 Model TZM150  
 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  
 Fleet Policy NO  
 Policy Number 5068325463-03  
 Cover Note Number

### Driver

Name of Driver IBNU SHAQIL BIN ADENAN TAMBI  
 NRIC No S9408817H  
 Date Of Birth 08/03/1994  
 Occupation OUTDOOR  
 Date Of Driving Pass 18/07/2016  
 Driving Experience 2 YEARS AND 2 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-87514408  
 Fax Number  
 Contact Number OTHERS-87514408  
 EMail Address NOEMAIL

Address	BLK 188 BOON LAY DRIVE #03-86
Postcode	640188
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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: : NUR FIDIYANA BINTE SHIDEK
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181006/2151

#### 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	SKK6899X
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)

**DETAILS OF INJURED PERSON 1**

Name

IBNU SHAQIL BIN ADENAN TAMBI

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FR5231B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name

NUR FIDIYANA BINTE SHIDEK

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FR5231B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



## SKETCH PLAN

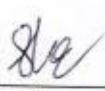
### IMPORTANT NOTICE

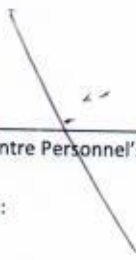
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

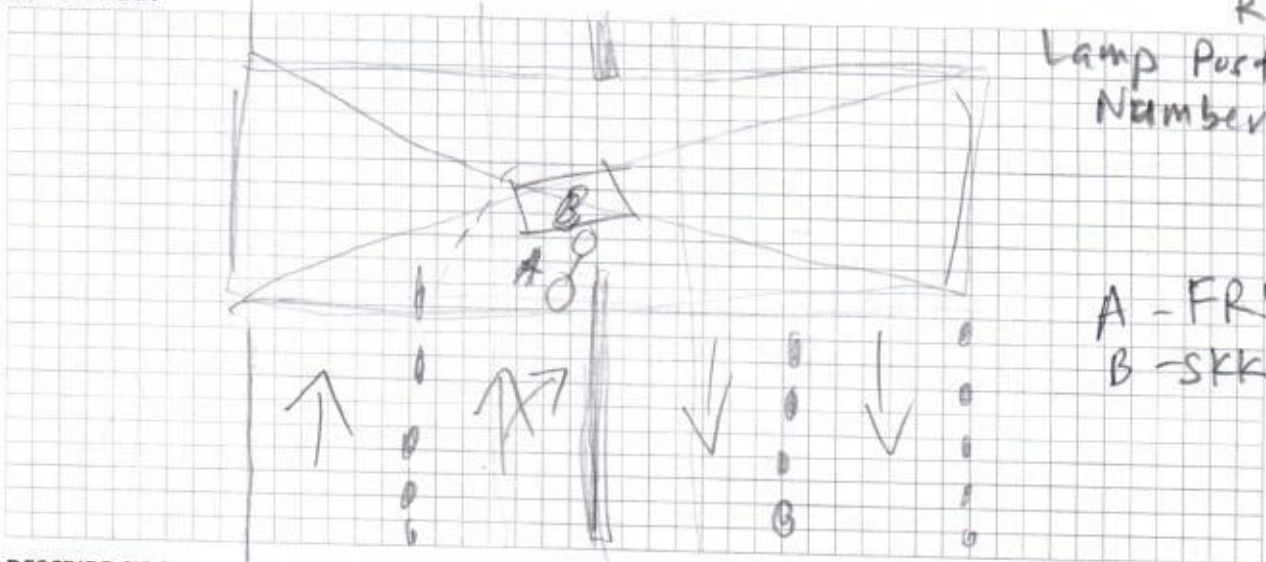
Policyholder's Signature  
Date & Time:

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

 16/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# JUNC OF EAST COAST RD / TELOK KURAU RD

## SKETCH PLAN



Lamp Post  
Number: 29

A - FR5231B  
B - SKK6899X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20181006/2151

## 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.:





# SINGAPORE POLICE FORCE



T/20181006/2151

1 of 3

Report No. T/20181006/2151

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649618  
Tel No: 1800-2689999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
06/10/2018 20:43

Vide Report No.:

Station Diary No.:  
154

### Informant's Particulars

Name of Informant: IBNU SHAQIL BIN ADENAN TAMBI			Address: APT BLK 188 BOON LAY DRIVE #03-86 SINGAPORE 640188		
ID Type / ID No.: NRIC NO / S9408817H			Contact No.: Home/Office: Mobile: 87514408		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 08/03/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: RIDER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: Yes	Date/Time of Accident: 06/10/2018 12:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 EAST COAST ROAD TELOK KURAU ROAD Lamp Post Number: 29				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR5231B	Motorcycle	YAMAHA	TZM150	Black	Seriously Damaged	1
SKK6899X	Car	VOLVO	XC60 2.0T AUTO ABS D/AB 2WD 5DR	Blue	Slightly Damaged	2

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 3

Report No. T/20181006/2151

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	IBNU SHAQIL BIN ADENAN TAMBI	ID No.	S9408817H
Related Vehicle	FR5231B (Motorcycle)	Contact No.	87514408
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/10/2018	Date Discharge	06/10/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date, time, and location, I met with an accident. I was riding my bike with a passenger (NUR FIDIYANA BINTE SHIDEK, HP: +65 87678826) along East Coast Road, when approaching the junction between Telok Kurau Road and East Coast Road, I spotted a car slowing down as it approaches the junction and it did not indicate any signals. I wanted to go straight, so I approached the right of the car but the car suddenly turned right, colliding with my motorcycle. My passenger and I flew and landed on the pedestrian crossing. After that, both my passenger and I got conveyed to the hospital and I have a swollen jaw, abrasion on my shoulder blades, and swelling on the right side of my chest bone area. The passenger has a fractured right collarbone and abrasion on the left leg. Traffic Police has informed me that the other driver was drink driving. I am lodging this report as advised by IO Alex, HP: +65 6547 6198.

VIDE REPORT NO.: G/20181006/0004





# SINGAPORE POLICE FORCE



T/20181006/2151

3 of 3

Report No. T/20181006/2151

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

## 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:

J /  
SI LIM YEN FANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

SN 126

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
06/10/2018 20:43

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9408817H



Name

IBNU SHAQIL BIN ADENAN  
TAMBI

Place

MALAY

Date of birth

08-03-1994

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9408817H



IBNU SHAQIL BIN ADENAN  
TAMBI

Birth Date: 08 Mar 1994

Issue Date: 15 May 2015



SG  
50



4333620



NRIC No. S9408817H

Date of issue

05-01-2009

APT BLK 188 BOON LAY DRIVE #03-60  
SINGAPORE 640128

NRIC No. S9408817H

Date: 19/04/2017

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

Class 2B  
Class 2

MOTORCYCLES NOT EXCEEDING 200 CC  
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF  
WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

EFFECTIVE DATE

18 Jul 2016  
15 May 2015

NP 428A

S / No. 9000262639





Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

06/10/2018 12:15

Vehicle No. (For Motor)

FR5231B

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"/>	5068325463-03		MUHD KHAIRULNIZAM BIN MOHD PANDI	S90440031	GMC	Third Party	FR5231B	FR5231B	01/11/2017	31/10/2018

## ▼ Policy Information

Policy No.	5068325463-03	Policyholder Name	MUHD KHAIRULNIZAM BIN MOH	Policyholder NRIC	S9044003I
Certificate No.					
Address	BLK 528 #05-530 BEDOK NORTH STREET 3 SINGAPORE 460528				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	31/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 528 #05-530	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460528
Address 4		Address Type	Singapore address	Post Code	460528
Unit No.	03-185	Related Policy Number	5068325463-03		

▶ Insured Object: FR5231B

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



## Claim Handling

Accident MT/1015966

Policy No.	5068325463-03	Vehicle No.	FR5231B	GST Registration No.
Certificate No.				
Policyholder Name	MUHD KHAIRULNIZAM BIN MOHD PANDI	Cover Type	Third Party	Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading
Contact No.(Mobile)	87514408	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason
NCD Protection	No			Private Hire

## ▼ Accident Details

Report Date	17/10/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	06/10/2018	Time of Accident hh:mm	12:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF EAST COAST RD / TELOK KURAU RD / LP NO: 29			

## ▼ 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		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 528 #05-530	Address 2	BEDOK NORTH STREET 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-185	Related Policy Number	5068325463-03	

## ▼ OI Driver Info

Driver Name	IBNU SHAQIL BIN ADENAN TAMBI	Driver Type	Named Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S9408817H	Driving Experience
Register Date of Driver License	18/07/2016	Driver Age	24	Contact No.(Home)
Contact No.(Mobile)	87514408	Contact No.(Office)	0	Address 3
Address 1	BLK 188 #	Address 2	BOON LAY DRIVE	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 \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Partially at Fault	GIA report	Received
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	MUHD KHAIRULNIZAM BIN MOHD PANDI
94592163	Contact No. (Home)	NIL
khail.90@live.com	Vehicle Number	FR5231B

FR5231B / SKK6899X ON 6 Oct 2018

17/10/2018 09:50	Claim Close Date	
	Workshop Repairer	

Save Submit

## Attachment



Accident No. MT/1015966 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 17/10/2018 09:50

Path \*

Choose File No file chosen  
 Choose File No file chosen  
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 Choose File No file chosen  
 Message Read

Category \* Confidential  
 Clear Please Select NO  
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 Clear Please Select NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:50	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:45	SAS	Normal	SAS 2f
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:45	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Oct 2018 09:44	Photos	Normal	Photos ;