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NATIONAL Assessment Centre Se.	ivices (met : Janes)	1		
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	-mail (within Shrs, AIC 2hrs)			
	Motor Claim Form -	MT/1016707-0	01 23/10/1	10:
	Motor W/O (Within: OD 2hr			
OD 1 : 1. lechotting Only	Photo Uploaded	1.	THE STATE OF THE S	·24\/ =23#
	ssessment/Survey Report			
TP Insurer A	ss't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	Manager and American Advantage and American Amer	Tel: F	ax:	)
TP Particulars: Veh No: GX9	6374 . INC(	)/Non-INC()		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	*****
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-I	Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%)	
Year of Registration: ( ) Warra	nty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks;-	(-))-4284e961((-)-1		1,14,4	8.4
( ) Walk-In Customer: Customer's information	on strictly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer UR	GENTLY.			
Drive-In ( ) / Towed-In ( ); Invoice: YE	S( )/NO( );	Cowing Co: (	·	
Remarks: - (ING horline: 6788 6616)		Date&Time Completed	Done b	у
Apply for Transport Allowance ( ) / Courte	sy Car ( )	200 20 20 20 20 20 20 20 20 20 20 20 20		
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			
Injury:				
		danoma a Sesenta, 700 - 32	CHANGE - A	
Date/Time Actions		en Temperatus America	968 4 DAIN	
100100	70 300000	eparation Checklist	Anit (\$)	Anit (\$)
NA (8067	1) AR : Accide	MORE OF THE SAME OF CHARLES WART IN THE	PASS CARBINE	Add Bill
Claimant's Particulars :-	2) DA : Damag	e Assessment (\$100); INC (\$	The second secon	
Driver/Owner: 3) TF: Towing Fee \$40/\$45 4) FT: Follow Through Survey \$120			\$120	
Contact No: 5) FT : Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef 10 Jan 2005)				
Domaged Portion	6) TR: Re-inspection 375			
Damaged Portion: 7) N1 : Idae DA + SMRT Survey . \$160				
QC Checked by (Engr-In-Charge):	OD.		\$5	
C. Caccaro of (Sugram-Charge).	*NG: Repair	sy Cer / Tpt Allowance Co-ordination	510	
Auditors Comments:-		epair Inspection follost Excess Coordination	\$25	
Cat. I	TP (NII):	P (Non INC) against INC	30	
Cat. 2 / 3;	9) N12: Idne N Invoice dated	obile Fee Charged		nka Jak
All the State of t	1			V- Ki

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

THE CONTRACTOR OF THE PARTY OF	ACCIDENT STATEMENT	
Date Of Report	22/10/2018 12:38	
Date Of Accident	20/10/2018 22:15	
Exact Location Of Accident	CENTRAL BLVD	
Country/State of Loss	SINGAPORE	
STAND SHADOWING SOLUTION	DETAILS OF OWN VEHICLE	

Vehicle Registration Number SLV3781B

Insured/Policyholder

Name Of Registered Owner RELIABLE RIDES PTE LTD

Co Reg No 201611527N Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-91639888 Alternative Phone No OFFICE-91639888

Vehicle Particulars

Manufacturer HONDA

Model FREED 1.5G HYBRID AUTO

Exact Purpose for which vehicle was being used at WORK

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

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 COMPREHENSIVE

Fleet Policy NO

Policy Number 5096971206

Cover Note Number

Driver

Name of Driver LIM KWANG GEH

NRIC No S7001372Z Date Of Birth 12/01/1970 Occupation OUTDOOR Date Of Driving Pass 18/03/2004

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91639888

Fax Number

Contact Number OTHERS-91639888

EMail Address NOEMAIL Address

BLK 489B TAMPINES STREET 45

#09-217

Postcode

521489

NO

Was driver an employee of the Insured's Company

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

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?

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?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GX9637U

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MOHAMED ISWAN BIN MOHAMED KHAIRI

NRIC/Passport Number

S8120921I

Contact Number

81508455

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode LIM KWANG GEH

SLIGHT

SLV3781B

YES

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- (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
- 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

Driver's Signature (If driver is not the policyholder)

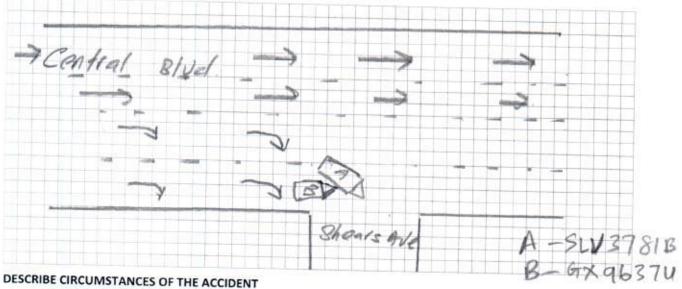
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Date & Time:



CAR A	turning on and land sight towards shews Ave and
CAR B	supposed to be terning light as well but can B as
all the	way etigle and hot on the 115ht DOOR of CARA
Damige	at right Dool.
ADATION	

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.:

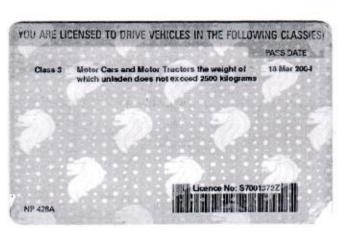
7. IDAC @ Paya Ubi 51 Ubi Avenue 1 #01-25 Singapore 408933 Singapore

- > 3RD Party Claim
- ➢ Get a copy of GIA report
- > Email: reliablecarzpl@gmail.com











#### Certificate of Insurance

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

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096971206 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle
 Chassis Number
 GB71045565

Chassis Number : GB71045565

2. Name of Policyholder : RELIABLE RIDES PTE LTD

3. Effective Date of Insurance : 28 Dec 2017
4. Expiry Date of Insurance : 27 Dec 2018

E. Borsons as Classes of D.

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 or Hirer's business.

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1) : S\$1,000 **EXCESS (SECTION 2)** : \$\$1,500 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : THINK ONE CREDIT 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

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 26 Dec 2017 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

		THE RESERVE OF THE PERSON NAMED IN	BEING BUSHING OF	SERVICE STREET					Gener	alClaim
Hello, NAC_PAYA_UBI_8006 My Desktop Notice of Loss	Policy Query					• Chang	e Languag	e • Chan	ge Password	, Log Ou
	Policy No. Vehicle No.(For Motor)	SLV37	81B		Cert	of Accident		20/10/2018	22:15	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5096971206		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV3781B	SLV3781B	28/12/2017	27/12/2018

# Policy Information

Policy No.	5096971206	Policyholder	DELIABLE DIDES DELLED	Policyholder	WARRING TO THE RESERVE TO THE RESERV	
Certificate No.		Name	RELIABLE RIDES PTE LTD	NRIC	201611527N	
Address	8 KAKI BUKIT AVENUE 4 #05-5	0 PREMIER @	KAKI BUKIT SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan	SINGAPORE 4158/5	Group	N	
Policy issue Date	26/12/2017	Effective Date	28/12/2017 00:00	Policy Flag Expiry Date	27/12/2018 23:59	
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y	
Co- nsurance Flag	No		-	GST Flag	1.	
Open Policy nfo						
Certificate nfo						

# Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5095584236-01		

# Insured Object: SLV3781B

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/12/2017 00:00	POI Move	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: 28 Dec 2017 TO 27 Dec 2018
2	28/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Dec 2017, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: SLV3781B

Continue Cancel

#### Claim Handling Accident MT/1016707

Policy No.	5096971206	Typopina-wa-				
Certificate No.	3030371200	Vehicle No.	SLV3781B		GST Re	egistratio
Policyholder Name	RELIABLE DIDEC ME LTD					
Product Code	RELIABLE RIDES PTE LTD				Policyh	older NR
Contact No.(Mobile)	PRIVATE CAR INSURANCE 91639888	Cover Type	drivo CLASSIC		Loading	g
Email Address	91039000	Contact No.(Office)	0		Contac	t No.(Hor
KFK	* No. Yes	Special Remark			eCode	
NCD Protection	No	TCA	No Yes		eCode i	Reason
Accident Details		NCD Entitlement(%)	0		Private	Hire
Report Date	23/10/2018 10:00					
Date of Accident	20/10/2018	Accident Report Within 24 hrs	Yes		Acciden	nt Type
Reporting Centre	-0, -0, 20, 20, 20	Time of Accident hh:mm	22:15		Country	y of Accid
Accident Location	CENTRAL BLVD	Orange Force			ICM No.	
₩ Excess						
Own damage Excess	1,000.00	NAME OF THE PARTY				
Unnamed Driver Excess	1,000.00	Additional Excess	0		Windscr	reen Exce
Third Party Excess	1,500,00	Outside Singapore OD Excess		3,000.00		
<b>▽</b> Benefits	2,300,00	Outside Singapore TP Excess		3,000.00		
▼ GST Registered Informa	ation					
GST Registered	No					
GST Registration No.			GST Registrat			
Modification History			GST Status Ve	riffed		No
Policyholder Mailing Add						
Address 1						
Address 4	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KA	KI BUKIT	Address :	3
Unit No.	05-50	Address Type	Singapore address		Post Code	le
▽ OI Driver Info	05-50	Related Policy Number	5095584236-01			
Driver Name	Unnamed Driver					
Unnamed driver Name	LIM KWANG GEH	Driver Type	Unnamed Driver			
Register Date of Driver License	18/03/2004	Driver NRIC	S7001372Z		Driver DC	OB
Contact No.(Mobile)	91639888	Driver Age Contact No.(Office)	48		Driving E	xperience
Address 1	BLK 489B #	Address 2	0		Contact N	Vo.(Home
Address 4		Address Type	TAMPINES STREET 45		Address 3	3
Unit No.		Address Type	Singapore address		Post Code	ž.
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.				
		oriver verilee no.			Driver Ins	surer Con
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
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Claim Type •						
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mail Address					10	
laim Description					Vehicle Number	SLV378
			SLV	3781B / GX9637U OI	N 20 Oct 2018	
referred Yorkshop OALGER No. Van	Insured Liability Partially	at Fault v		I Participate de la Constitución		
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v							
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	No file chosen			Clear	Please Select	•	NO
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	No file chosen			Clear	Please Select	•	NO
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	nt List						
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