

# NATIONAL Assessment Centre Services

Date In: 03/12/2018 17:33	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18021729/K4	SAS e-filing		
Veh No: SKA8811M	E-mail (within 8hrs, AIC 2hrs)		
DOA: 02/12/2018 19:35	i-Motor Claim Form	MT/1072476-001	4/12/18 12:50
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: SHC5091T 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

NA1807878

Claimant's Particulars: Invoice Preparation Checklist

Driver/Owner: 1) AR: Accident Reporting (\$30); Amt (\$)

Contact No: 2) DA: Damage Assessment (\$100); INC (\$30) Add Bill

Damaged Portion: 3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services: ON\*

9) N12: Idac Mobile 30

QC Checked by (Engr-In-Charge):

Auditors' Comments: Invoice dated Fee Charged

2/2/3



## 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	03/12/2018 17:33
Date Of Accident	02/12/2018 19:15
Exact Location Of Accident	BRAS BASAH RD TWDS RAFFLES BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8811M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOOI CHIN LIANG
NRIC No	S7900324G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96889679
Alternative Phone No	OTHERS-96889679

### Vehicle Particulars

Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102777501
Cover Note Number	

### Driver

Name of Driver	LOOI CHIN LIANG
NRIC No	S7900324G
Date Of Birth	11/01/1979
Occupation	INDOOR
Date Of Driving Pass	08/05/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96889679
Fax Number	
Contact Number	OTHERS-96889679
EMail Address	NOEMAIL

Address	BLK 520C TAMPINES CENTRAL 8 #11-55
Postcode	523520
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 - HEAD TO REAR
Weather Conditions	AFTER RAIN
Road Surface	WET

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5091T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	LOOI CHIN LIANG
------	-----------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SKA8811M

YES



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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.:

3/12/2018

# SKETCH PLAN

BRAS BASAH RD TOWARDS RAFFLES BLVD

SUNTEC

VEHICLE A  
- SKA 8811M

VEHICLE B  
- SHC 5091T

5

4

3

2

1



BRAS BASAH ROAD

NICOLL HIGHWAY

MARINA SQUARE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AT THE TRAFFIC JUNCTION OF  
(BRAS BASAH RD / RAFFLES BLVD / NICOLL HIGHWAY) I WAS AT  
THE THIRD LANE.

WHEN THE TRAFFIC LIGHT TURNED GREEN THE VEHICLE INFRONT MOVED  
SLOWLY AND SO I TOO PROCEED TO MOVE OFF SLOWLY. SUDDENLY  
THE VEHICLE INFRONT OF ME JAMMED BRAKE TO COMPLETE STOP, AND  
SO I TOO APPLIED BRAKE AND STOP. AFTER  
A FEW SECONDS I FELT A IMPACT FROM THE REAR OF MY  
VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE  
WITH LICENSE PLATE NUMBER (SHC 5091T) THAT COLLIDED TO  
THE REAR OF MY VEHICLE.

VEHICLE A - SKA 8811M  
VEHICLE B - SHC 5091T

## 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.:

... 2/12/2018



<b>Vehicle No.</b>	SKA 8811 M	Model / Make	BMW 520i
Date of Accident	02/12/2018		
Time of Accident	1915	HRS	
Location of Accident	BRAS BASAH RD TOWARDS RAFFLES BLVD		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	LOOI CHIN LIAN		
Telephone No.	H/P : 96889679	Home :	Office :
NRIC	S7900324G		
Address	BLK 520C TAMPINES CENTRAL 8 #11-55 S(523520)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5102777501		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	11 JAN 1979		
Occupation	Outdoor / Indoor		
Driving License Pass Date	09 MAY 2000		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No If yes, Reg No.		
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining Other	AFTER RAIN
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	LOOI CHIN LIAN, 96889679		
Name And Contact No.			
Police Report	No If Yes, Where?		
<b>Vehicle B No.</b>	SHC 5091T	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E No.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	ION		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7900324G**

Name: **LOOI CHIN LIANG (LU JINGLIANG)**

Birth Date: **11 Jan 1979**

Issue Date: **03 Aug 2007**



001517892H




**SINGAPORE ARMED FORCES IDENTITY CARD**

Name: **LOOI CHIN LIANG**

NRIC No: **S7900324G**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Mailroom Base or any Police Station.

OWNER / DRIVER

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

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

PASS DATE: **08 May 2000**

NP 428A

Licence No: **S7900324G**



8CG 098139155

NRIC No/Colour	Race	Blood Group
S7900324G / PINK	CHINESE	A+
Date Of Birth	Country Of Birth	Sex
11/01/1979	SINGAPORE	M
Service Status	Military Rank/Status	
REGULAR	OFFICER	

ADDRESS: APT BLK 520C TAMPINES CENTRAL 8 #11-55  
SINGAPORE 523520 DATE: 18.09.2017 S7900324G



**CashCard**

Use governed by CashCard Terms & Conditions

1111826103063077





## 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:** 5102777501

**Cover:** 1 drive CLASS C

1. Index mark and Registration Number of Vehicle

: SKA8811M

Chassis Number

: WBAXG12080DW33378

2. Name of Policyholder

: LOOI CHIN LIANG

3. Effective Date of Insurance

: 01 Aug 2018

4. Expiry Date of Insurance

: 31 Jul 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.

**This Policy does not cover**

(a) Use for hire or reward

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

(c) 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\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$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

: LOOI CHIN LIANG

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: DBS BANK 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

REV AUTO PTE LTD (00000571335)

Date of issue

01 Aug 2018 14:43 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.

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"/>	5102777501		LOOI CHIN LIANG	S7900324G	GPC	drivo CLASSIC	SKA8811M	SKA8811M	01/08/2018	31/07/2019



Policy Information

Policy No.	5102777501	Policyholder Name	LOOI CHIN LIANG	Policyholder NRIC	S7900324G				
Certificate No.									
Address	BLK 520C #11-55 TAMPINES CENTRAL 8 CENTRALE 8 AT TAMPINES SINGAPORE 523520								
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	01/08/2018	Effective Date	01/08/2018 00:00	Expiry Date	31/07/2019 23:59				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0						
Agent	REV AUTO PTE LTD	Agent Tel.	68444477	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 520C #11-55	Address 2	TAMPINES CENTRAL 8	Address 3	CENTRALE 8 AT TAMPINES
Address 4	SINGAPORE 523520	Address Type	Singapore address	Post Code	523520
Unit No.	11-55	Related Policy Number	5102777501		

Insured Object: SKA8811M

Endorsements

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

## Claim Handling

Accident MT/1022476

Policy No.	5102777501	Vehicle No.	SKA8811M	GST Registration No.
Certificate No.				
Policyholder Name	LOOI CHIN LIANG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96889679	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KIK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire
<b>➤ Accident Details</b>				
Report Date	04/12/2018 12:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/12/2018	Time of Accident hh:mm	19:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BRAS BASAH RD TWDS RAFFLES BLVD			
<b>➤ Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
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 Registration No.		GST Status Verified		Yes
Modification History				
<b>➤ Policyholder Mailing Address</b>				
Address 1	BLK 520C #11-55	Address 2	TAMPINES CENTRAL 8	Address 3
Address 4	SINGAPORE 523520	Address Type	Singapore address	Post Code
Unit No.	11-55	Related Policy Number	5102777501	
<b>➤ OI Driver Info</b>				
Driver Name	LOOI CHIN LIANG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7900324G	Driver DOB
Register Date of Driver License	08/05/2000	Driver Age	39	Driving Experience
Contact No.(Mobile)	96889679	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 520C	Address 2	TAMPINES CENTRAL 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-55			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LOOI C
Contact No.(Mobile)	96889679	Contact No. (Home)	645324
Email Address		OI Vehicle Number	SKA881
Claim Description	SKA8811M / SHC5091T ON 2 Dec 2018		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/12/2018 12:47	Claim Close Date	
Report Taken By		Workshop Repairer	
Print AK letter			



Save

Submit

## Attachment

Accident No. MT/1022476 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 04/12/2018 12:50

Path \*

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

Clear

Clear

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Clear

Category \*

Confidential

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:47	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:46	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:45	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:44	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Dec 2018 12:44	Photos	Normal	Photos