

# NATIONAL Assessment Centre Services

[Ver 1.00/05]

Date In: 04/12/2018 10:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802770/K4	SAS e-filing		
Veh No: SJF 862 D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/12/2018 09:25	i-Motor Claim Form	MT/1022604-001	5/12/18 09:45
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: SLT5119L 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

NA1807902

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

## Invoice Preparation Checklist

Am't (\$)

Int Bill

Am't (\$)

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$30)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) RT: Follow-Through Survey (Resurvey) \$30
- 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 / Tpl 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: Idau Mobile \$0

Invoice dated

Fee Charged

MADE



## 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 willful 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	04/12/2018 10:04
Date Of Accident	03/12/2018 09:25
Exact Location Of Accident	JUNC OF TANJONG RHU ROAD TWDS FORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF862D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP ZI RONG
NRIC No	S9213773B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97766092
Alternative Phone No	OTHERS-97726092

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100483355
Cover Note Number	

### Driver

Name of Driver	YAP ZI RONG
NRIC No	S9213773B
Date Of Birth	19/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97766092
Fax Number	
Contact Number	OTHERS-97726092
EMail Address	NOEMAIL

Address	BLK 301 TAMPINES STREET 32 #03-30
Postcode	520301
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	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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT5119L
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHIWEE
NRIC/Passport Number	S6942466Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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 (a) 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.

*Strong*

Policyholder's Signature  
Date & Time:

*Strong*

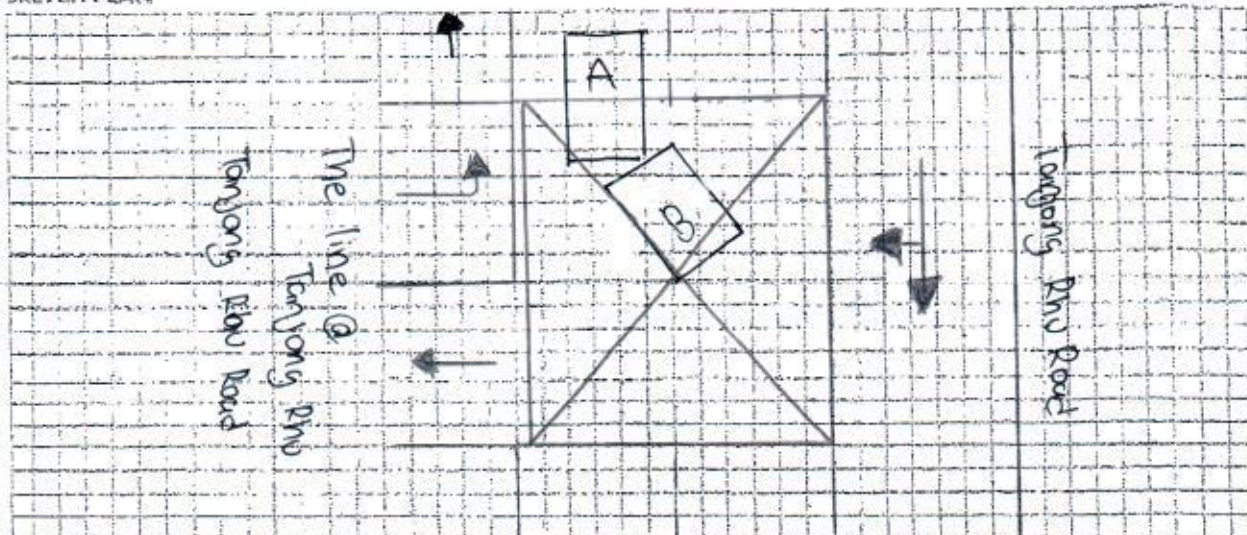
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*4/12/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Towards  
Fort road  
Junction

# SKETCH PLAN



Vehicle 'A': STF 8620  
Vehicle 'B': SLT 5119L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the stated date and time, I ~~was~~ vehicle A was travelling along the stated venue when vehicle B made a illegal U-turn and collided into my rear right portion of my vehicle.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

Zirong

Policyholder's Signature  
Date & Time:

Zirong

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

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

4/12/2018



Date of Accident : 3/12/2018 Accident Time: 09:29 AM (24-HR-Format)  
Accident Place : Tanjong Pagar Road towards Fort road Junction  
Vehicle Reg. No. (Car Plate No.) : SJF 862 D  
Vehicle Make/Model : Honda Fit  
Insurance Company : NTUC Income Policy No. 5100UR3355  
Owner or Company Name / IC No. : Yap Zi Hong S92137738  
Owner or Company Contact No. : 9776 6092 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Yap Zi Hong S92137738  
DRIVER'S Date Of Birth : 19/04/1992 DRIVER'S License Pass Date 22/11/2012  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 301 Tampines Street 32 #03-30 (S) 520301  
DRIVER'S Contact No./ Alt No. : 1) 9772 6092 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Yapzihong@hotmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLT 5119 L

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: MAZDA 3

Vehicle Make/Model: \_\_\_\_\_

Name Driver: UM CHIWEE

Name Driver: \_\_\_\_\_

IC No. Driver: S69 42466 Z

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

email to weiguan 0312@gmail.com ✓

Tel: 6741 0610

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9213773B



Name

YAP ZI RONG

葉子榮

Race

CHINESE

Date of birth

19-04-1992

Sex

M

Country of birth

SINGAPORE

S9213773B

403241C



NRIC No. S9213773B

Date of issue

20-04-2007

Address

APT BLK 301 TAMPINES STREET 32  
#03-30  
SINGAPORE 520301

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9213773B**  
Name: **YAP ZI RONG**

Birth Date: **19 Apr 1992**  
Issue Date: **22 Nov 2012**

002125496E



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

	EFFECTIVE DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	22 Nov 2012

NP 428A

Licence No: S9213773B



## 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:** 5100483355

**Cover :** drivo CLASSIC

- |   |               |
|---|---------------|
| 1. Index mark and Registration Number of Vehicle  | : SJF862D     |
| Chassis Number  | : GE61052279  |
| 2. Name of Policyholder   | : YAP ZI RONG |
| 3. Effective Date of Insurance  | : 10 May 2018 |
| 4. Expiry Date of Insurance   | : 15 May 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.  
(d) 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	: YAP ZI RONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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)

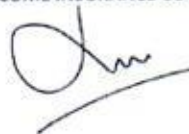
Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
Date of Issue : 07 May 2018 11:01 hrs

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.	<input type="text"/>	Date of Accident	<input type="text" value="03/12/2018 09:25"/>							
Vehicle No.(For Motor)	<input type="text" value="SJF862D"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S100483355		YAP ZI RONG	S9213773B	GPC	drivo CLASSIC	SJF862D	SJF862D	10/05/2018	15/05/2019
<input type="button" value="Continue"/>										



### Policy Information

Policy No.	5100483355	Policyholder Name	YAP ZI RONG	Policyholder NRIC	S9213773B
Certificate No.					
Address	BLK 301 #03-30 TAMPINES STREET 32 SINGAPORE 520301				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/05/2018	Effective Date	10/05/2018 00:00	Expiry Date	15/05/2019 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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 301 #03-30	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520301
Address 4		Address Type	Singapore address	Post Code	520301
Unit No.	03-30	Related Policy Number	5100483355		

### Insured Object: SJF862D

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	19/10/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>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: 10 May 2018 TO 15 May 2019 In view of this amendment, an additional premium of \$28.62 (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.</p>

## Claim Handling

Accident MT/1022604

Policy No.	5100483355	Vehicle No.	SJF862D	GST Registration No.
Certificate No.				
Policyholder Name	YAP ZI RONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97766092	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	05/12/2018 09:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/12/2018	Time of Accident hh:mm	09:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF TANJONG RHU ROAD TWDS FORT ROAD			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

## ▼ 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 301 #03-30	Address 2	TAMPINES STREET 32	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-30	Related Policy Number	5100483355	

## ▼ OI Driver Info

Driver Name	YAP ZI RONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9213773B	Driver DOB
Register Date of Driver License	22/11/2012	Driver Age	26	Driving Experience
Contact No.(Mobile)	97766092	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 301 #03-30	Address 2	TAMPINES STREET 32	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-30			
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	<input type="text"/>	Insured Liability	Not at Fault	GIA report	Received
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	YAP ZI
NIL	Contact No. (Home)	NIL
	OI Vehicle Number	SJF862
SJF862D / SLT5119L ON 3 Dec 2018		
05/12/2018 09:45	Claim Close Date	
	Workshop Repairer	



Save Submit

## Attachment



Accident No. MT/1022604 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 05/12/2018 09:45

Path \*

Category \*

Confidential

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:45	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:45	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:43	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Dec 2018 09:41	Photos	Normal	Photos