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On* N3: Courtesy Ca N6: Repair Co-a N7: Post Repair N8: DV / Collec	er/Tpt Allowance	\$10 \$25		
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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 witholding 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.
- 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.

aforesaid,	ACCIDENT STATEMENT
CONTRACTOR OF THE PARTY OF THE	
Date Of Report	13/12/2018 18:12
Date Of Accident	13/12/2018 12:50
Exact Location Of Accident	TUAS WEST DRIVE/TUAS CHECKPOINT ENTERING SINGAPORE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7679L
Insured/Policyholder	
Name Of Registered Owner	ABDUL HALIM B OSMAN
NRIC No	S1693298A
Email Address	HLMOSM89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91396041
Alternative Phone No	OTHERS-91396041
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	GRANDIS 2.4L SPORTS-GEAR
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	REPORTING ONLY
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	5069697575-03
Cover Note Number	
Driver	
Name of Driver	ABDUL HALIM B OSMAN
NRIC No	S1693298A
Date Of Birth	22/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1990
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91396041
Fax Number	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Contact Number	OTHERS-91396041

Address 4 JALAN KELEMPONG

Postcode 509522

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 NO COLLISION

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 YES

NO

2

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181213/2115

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JHV88

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 25

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 (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		Tuas	Che	2ck point
SKETCH PLAN	J.	JB	40	S poi
A A	A			A-SJV7679L B-JHV88
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT			
			-10	60 ben 1
		216	2/:00	3/2
	0.4	7	18/3	
	Peter	120		
6/4	>			
DECLARATION				
I/We declare the foregoing pa	rticulars are true in every	respect.		13/12/20
Policyholder's Signature Date & Time:	Driver's Signatu (If driver is not Date & Time:	re the policyholder)		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





T/20181213/2115

1 of 3

Report No. T/20181213/2115

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 17:21	vlade:	Vide Report No.:	Station Diary No.: 68			
Informa	nt's Partic	ulars		And Agents			
	f Informant: HALIM BIN		Address: 4 JALAN KELEMPONG SINGAPORE 509522				
	/ ID No.: D / S16932	98A	Contact No.: Home/Office: Mobile: 91896041				
National SINGAP	onality: GAPORE CITIZEN		Email:				
Sex: Male	Age: 53	Date of Birth: 22/08/1965	Type of Informant:				
Race: Malay			Language:	Institution / School Name:			
Occupation: Police officer			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/12/2018 12:50	Type of Location Straight Road
Location: Along Road 1 TUAS WEST EXACT LOCA Weather:	DRIVE	OINT VIADUCT, TUA	S CHECKPOINT ENTE	
Clear Dry			K	oad Speed Limit:
Clear		Diy		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled	Т	raffic Volume:

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
JHV88	Car					0			
SJV7679L	Car	MITSUBISHI	GRANDIS 2.4L SPORTS- GEAR	Black		1			

Details of V	ehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

2 of 3 Report No. T/20181213/2115

i el No: 1800-5852999

CONTINUATION OF REPORT

Details of V	ehicle Insurance				
Vahicle No.	Insurance Company	Insurance No	Effective	T	
SJV7679L	NTUC Income Insurance Co-Operative	5069697575-03		Expiry Date	
	Limited	3009097575-03	09/02/2018	08/02/2019	

Any Pedestrian	nvolved: No		W. Des	ARTON P	
No. of Pedestria	ns Injured: NIL	Use of Peo	destria	n Cross	sing: NA
Driver		Maria Maria	THE REAL PROPERTY.		9.,,
Name	ABDUL HALIM BIN OSMAN		ID No), _	S1693298A
Related Vehicle	SJV7679L (Car)			ect No.	91896041
Hospital/Clinic	NIL		Class Drivin Licend	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL				
		Date Disch		NIL	
- J- gran	ted Medical Leave NIL	Degree of I	njury	NIL	

Brief Details.

On 13/12/2018 at about 1250hrs, I was driving my vehicle (SJV7679L) along Tuas Checkpoint entering back to Singapore. While I was driving my vehicle, I entered the merging lane from a three lane road turning onto a two lane road. As I was entering the customs check area, the driver in front of me with plate number (JHV88) stepped out of his vehicle signaled to me.

He informed that earlier while merging onto the two lane road, my vehicle had hit onto his vehicle. He informed that my vehicle had hit onto his rear right bumper however when I made a check to his rear bumper immediately, there was no visible damage and no paint transfer. I also did not feel that I had hit onto his vehicle as I did not feel any impact earlier. My front bumper also has no visible damaged to it.

I wish to state that my vehicle is not installed with an in-build car camera. I advised him to lodged a report if he insisted that I had hit onto his vehicle. I did not exchanged particulars with the driver as I felt there is not a need to as I did not hit onto his vehicle. I also did took photos of his vehicle.

I will also lodged a report at my insurance company.





3 of 3

Report No. T/20181213/2115

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

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.

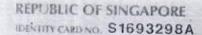
Signature Of Officer Recording The Report: G / Staff Sgt MOHAMED HAZWAN BIN MOHAMED YASIN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	13/12/2018 17:21
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp NP168	

Reported on 13/12/2018 C1800HRS.

ACCIDENT STATEMENT

LOC	ATION: TUHS CHECK POL	IT VADUCT, THAS CHECKAS	
10	1. DETAILS OF VEHICLE	CHIERT ENTERING	>
	a) VEHICLE NUMBER: SJ	17679L SINGUADA	LE
	b)INSURANCE COMPANY:		
	c)POLICY NUMBER:		
	d)POLICY TYPE: (COMPREHENSIVE / THIR	D PARTY / THÌRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL:		
	f)TYPE:(SALOON / COUPE / MPV /VAN /		
	g) VEHICLE CATEGORY: (PRIVATE / COM	MERCIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME		
	I) ARE YOU CLAIMING UNDER YOUR OWN		
2	IF NO, PLEASE STATE (THIRD PARTY CLAI INSURED / POLICY HOLDER	M / REPORTING ONLY)	
-		(MANIE / FEMANIE)	
	A)NAME:	CONTACT:	
	c)ADDRESS:		
		10 N 20 W	
12	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	Y HOLDER	3
of passenge	DRIVER	91396	01
1 I samper	a)NAME:	(MALE / FEMALE)	0
cluding driver	b)NRIC/FIN/PASSPORT:	CONTACT: 9189604	
(4)	c)ADDRESS:	COMMONC	
rale	ACO		9.5
wale	*d)DATE OF BIRTH: (//	(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTBOOR)		
0.00	f) YEARS OF DRIVING EXPRERIENCE:		-
4.	WAS DRIVER AN EMPLOYEE OF THE IN	ISURED'S COMPANY? (YES / NO) OWW	CI
	I NO, KLENTIONSHIP OF THE DRIVER	WITH INSURED:	
5.	a) WEATHER CONDITION: (CKEAR / RAININ	NG / OTHERS)	
9	b) ROAD SURFACE: (DRY / WET / OTHERS_		
0.	WAS ANYBODY INJURED (YES / NO)		
V.	a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STA	analyses (i)	
8	THIRD PARTY VEHICLE		
A Passager	a) VEHICLE NUMBER: THY 88	HODEL	
	b) DRIVER'S NAME:	MODEL:	
reling cineer)	c) NRIC/FIN/PASSPORT:	CONTACT	
	THIRD PARTY VEHICLE	CONTACT:	
		MODEL	£1
of passenger.	OL DON/EDIC MANE		
THE RESERVE THE PARTY OF THE PA	e) emileronante		
uding driver	f) NRIC/FIN/PASSPORT:	CONTLOT	

email = him osm 89 @g mail -con fax = him osm 89 @s mail con vioro =







ABDUL HALIM BIN OSMAN

MALAY

22-08-1965

SINGAPORE

S1693298A

A JACAN KELLMPUNG SOMSAPORE 509522 NAIC NO: \$1693298A

Date: 15/09/2008

No: 6019989

S1693298A

ABDUL HALIM BIN OSMAN

Birth Date 22 Aug 1955 - 12 Jan 2013

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

Class 28 Motorcycles << 200 cc Meter Cers < 3000kg with <<7 passengers, exclusive of the driver; and other motor vehicles << 2500kg

eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e • Chan	ge Password	• Log Ou
My Desktop	Poli	Policy Query								9	
Notice of Loss	Policy (No.	5			Date	of Accident		13/12/2018	12:50	
	Vehicle	No.(For Motor)	SJV76	79L		Certi	ficate Numbe				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5069697575- 03		ABDUL HALIM B OSMAN	S1693298A	GPC	drivo CLASSIC	SJV7679L	SJV7679L	09/02/2018	08/02/2019
					1	Continue	1				

Policy Information

Sequen	ce Date of Endorsement	Endorse	ement Type En	dorsement Status	Endorsement Content			
▼ Endors	sements							
Insure	d Object: SJV7679L							
Unit No.		Related Policy Number	5069697575-04					
\ddress 4		Address Type	Singapore address	Post Code	509522			
\ddress 1	4 JALAN KELEMPONG	Address 2	BUKIT LOYANG ESTATE	Address 3	SINGAPORE 509522			
Policy	nolder Mailing Address							
Certificate Info								
Open Policy Info								
Co- nsurance lag	No							
\gent	RVA INSURANCE AGENCY PTE. L	Agent Tel.	65722141	GST Flag	Υ			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0					
\dditional xcess	0	OS Premium	0					
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100			
Policy ssue Date	28/01/2018	Effective Date	09/02/2018 00:00	Expiry Date	08/02/2019 23:59			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N			
Address	4 JALAN KELEMPONG BUKIT LOYANG ESTATE SINGAPORE 509522							
Certificate No.								
Policy No.	5069697575-03	Policyholder Name	ABDUL HALIM B OSMA	N Policyholder NRIC	S1693298A			

Sequence Date of Endorsement Endorsement Type **Endorsement Status Endorsement Content**

Continue

Cancel

Claim Handling Accident MT/1023794

	Vehicle No.	SJV7679L		GST Regis	stration h
ABDUL HALIM B OSMAN				Policyhold	fer NRIC
PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC			zer rende
91396041				STATE STORY	In (Home
		875			10.(1101116
= No Yes	TCA	No Yes			ason
Yes	NCD Entitlement(%)				25.00
				M. 101.585	
14/12/2018 09:40	Accident Report Within 24 hrs	Yes		Accident 1	Type
13/12/2018	Time of Accident hh:mm	12:50			
	Orange Force	Sales and a			, coerde
TUAS WEST DRIVE/TUAS CHECKPOINT ENTERLY				200 200 1000	
500.00	Additional Excess	0		Minden	en Evene
			600.00	windscree	en Exces
5.000			0.00		
ion					
		GST Bank	tration Date		
V0.7**					Yes
					165
ress					
4 JALAN KELEMPONG	Address 2	BUKIT LOYANG ES	TATE	Address 3	
	Address Type				
				rost code	
		3000037373701			
ABDUL HALIM B OSMAN	Driver Type	Main Driver			
				Driver DO	B
02/06/1990					
91396041					
	Address Type	Sinnanne address			
	Charles Type	Singapore address		Post Code	
Yes * No	Driver Vehicle No.			Driver Ins	urer Con
0 mg	Any injury?	Var - No			
	Ray Howy?	165 a NO			
			OD-MX •	Insured	ABDUL
			91396041	J Name Contact No.	NIL
				(Home)	
			abdul_halim_osman@spf.gov.sr	Vehicle Number	SJV767
				and the same of th	
			SJV7679L / JHV88 ON 13 Dec 2	018	
Insured Liability Partially as Co	-1		SJV7679L / JHV88 ON 13 Dec 2	018	
Preference Partially at Fa	GIA Becelved	•	SJV7679L / JHV88 ON 13 Dec 2	018	
Insured Liability Partially at Fa Preferered Repair Preferred Workshop, Name	7 614	•	5JV7679L / JHV88 ON 13 Dec 2	Claim Close	
Preferred Preferred Workshop, Nam	GIA Becelved	*		Claim	
	91396041 = No Yes Yes 14/12/2018 09:40 13/12/2018 TUAS WEST DRIVE/TUAS CHECKPOINT ENTERI 600.00 0.00 0.00 ion No Pess 4 JALAN KELEMPONG ABDUL HALIM B OSMAN 02/06/1990 91396041 4 JALAN KELEMPONG	91396041 Special Remark TCA Yes NCD Entitlement(%) 14/12/2018 09:40 Accident Report Within 24 hrs Time of Accident hh:mm Orange Force TUAS WEST DRIVE/TUAS CHECKPOINT ENTERING SINGAPORE 500.00 Additional Excess 0.00 Outside Singapore OD Excess 0.00 Outside Singapore TP Excess ion No ress 4 JALAN KELEMPONG Address 2 Address Type Related Policy Number ABDUL HALIM B OSMAN Driver Type Driver NRJC 02/06/1990 91396041 Contact No.(Office) Address 2 Address 2 Address Type Yes * No Driver Vehicle No.	91396041 Contact No.(Office) 0 Special Remark TCA * No Yes Yes TCA * No Yes Yes NCD Entitlement(%) 50 14/12/2018 09:40 Accident Report Within 24 hrs Yes 13/12/2018 Time of Accident hh:mm 12:50 Orange Force TUAS WEST DRIVE/TUAS CHECKPOINT ENTERING SINGAPORE 500.00 Additional Excess 0 0.00 Outside Singapore OD Excess 0.00 Outside Singapore TP Excess 4 JALAN KELEMPONG Address 2 BUKIT LOYANG ES Related Policy Number 5069697575-04 ABDUL HALIM B OSMAN Driver Type Main Driver ABDUL HALIM B OSMAN Driver Type Singapore 30 Priver NRIC S1693298A 02/06/1990 Driver Age 53 91396041 Contact No.(Office) 0 91396041 Contact No.(Office) 0 91396041 Contact No.(Office) 1 91396041 Singapore address Yes * No Driver Vehicle No.	### Special Kernark ### No Yes ### No Yes ### No Yes #### No Yes #### No Yes #### No Yes ###################################	Octobact No. (Office) O Contact No. (Office) Special Remark Spec

Save Submit Attachment Accident No. MT/1023794 Claim No. 001 Last Doc. Received • Yes No Upload Date 14/12/2018 09:50 Path * Category * Confidential Choose File No file chosen Clear Please Select ٠ NO Choose File No file chosen Clear • NO Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Please Select v NO Clear Mossage Read Attachment List Attachment Uploaded By/Date Category Urgency Des 当然 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:48 NRIC/ Driving License Normal NRIC/ Driving L NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:46 Normal SAS 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:46 Photos Normal Phatos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:46 Photos Normal Photos 7 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:46 Photos Normal Photos 2 KIN NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos ? 14 Dec 2018 09:46 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 1 14 Dec 2018 09:45 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 2 14 Dec 2018 09:45 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:45 Photos Normal Photos : NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:45 Photos Normal Photos 1 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos ; 14 Dec 2018 09:45 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos: 14 Dec 2018 09:45 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 1 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos : 14 Dec 2018 09:45 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on **Photos** Normal Photos 2 14 Dec 2018 09:45 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal Photos 7 14 Dec 2018 09:45 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Dec 2018 09:45 Photos Normal Photos 2