NATIONAL Assessment Centre Services. [well samos] . MILLA 119011715. Done by Date & Time Completed Jeb description Date In: 24 11 119 15:58 SAS c-filing Ref No: NAT INC 1900,1611/4. E-mail (within Shrs, AIC 2hrs) Vch No SGL 8685 M7/1029404-01 I-Motor Claim Form 24/1/19 16:59. D.O.A 2411/19 06:50. I-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Tol: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (TP Particulars: Veh No: SKB 559 3.6. Tel: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Date: Confirmed by: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 ()/\$2,000 (Excess: (\$ General Remarks & S. Constitution of the Control of) Walk-In Customer; Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) ; Towing Co: (Drive-In ()/Towed-In (); Invoice: YES (Remarks: (INC hothic: 6788 6616) \$2 5 1 10 10 10 10 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Mad Bill MA1900.692 1) AR : Accident Reporting (530); Chimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$4 3) TF : Towing Pee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) 230 Por claiming against INC Only (wof 10 Jan 2005) Contact No: 6) TR : Re-impostion \$160 Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD: \$5 QC Checked by (Engr-In-Charge): *NS; Courtery Car / Tpt Allowance 510 * N6: Repair Co-ordination \$25 *N7; Post Repair Inspection Auditors Comments : *N8: DV / Collect Excess Coordination 35 TP (NII): TP (Non INC) against INC \$20 Cat. 1: 30 9) N12: Idao Mobile Fee Charged Involce dated 11 2/3: MARKEY Fee Charged Involce dated

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.

- 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.

| United the Control of the Control | ACCIDENT STATEMENT |
|---|--|
| Date Of Report | 24/01/2019 15:58 |
| Date Of Accident | 24/01/2019 06:50 |
| Exact Location Of Accident | SENGKANG EAST AVE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SGL868S |
| Insured/Policyholder | |
| Name Of Registered Owner | FAST RENTAL CAR PTE LTD |
| Co Reg No | 201617492M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-87501596 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5099189791 |
| Cover Note Number | |
| Driver | |
| Name of Driver | YEO FU ZHI ANDREW (YANG FUZHI) |
| NRIC No | S8530451H |
| Date Of Birth | 14/09/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/01/2008 |
| Driving Experience | 11 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87501596 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address

BLK 441D FERNVALE RD #12-337

Postcode

794441

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver) Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKB5593G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH SIANG AIK

NRIC/Passport Number Contact Number

S7879220E

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

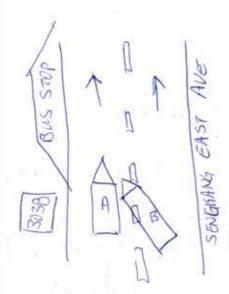
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

W261219102

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DOA: 24/1/19

7.898 798: U

B. SKB 5593G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I_ | Was | diving | 00 | the - | LH (cr | 11 Sud | derly | veh B | - |
|----|-----|--------|----|-------|-----------------|--|-------|---------------|--------|
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| | | 20 | | | Warner American | | | | |
| - | | 10-2 | | | | | | 13/200 | (sefec |

DECLARATION

I/We declare unoforegoing particulars are true in every respect.

Policyholder a signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

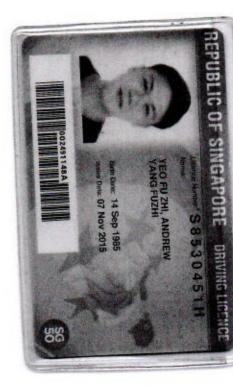
Reporting Centre Personnel's Signature

Name:

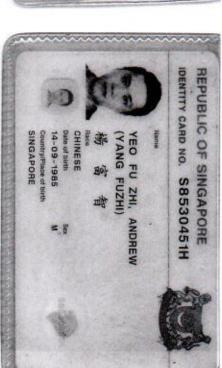
NRIC/FIN No .:

| Personal Particulars |
|---|
| Date of Accident: 24 19 Time of Accident: 6.50 am |
| Exact Location of Accident: Sengkang East An |
| Owner's Name: Fast Rental Car Pte Ltd NRIC No: HP No: |
| Driver's Name: Yeo Fy Zhi Andrew NRICNO: 58530451 HP No: 87501596 |
| Date of Birth: 14 9 1981 Driv ng Licence Passing Date: 10 1 2008 Occupation: Indoor / Outdoor |
| Address: 4410 Femvale Rd #12-337 (794441) |
| Relationship of Driver with Insured: Hire Email Address: |
| Vehicle No: SGL 8685 Make & Model: Toyota |
| Insurance Co: N74 Coverage: Comprehense Policy No: 5098747440 |
| *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only |
| *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work |
| |
| *Weather Condition? Tlear / Raining / Others: Wet / Bry / Others: |
| * Any passenger inside vehicle involved? (Yes / No) if yes, Vehicle No & How many pax: |
| A: 1 + 2 B. 1 + 1 C: D: |
| *Was Anybody Injured ? (Yes / No) If yes, |
| Name / NRIC / In Vehicle: |
| *Was The Accident Reported To The Police ? |
| O No O Yes, Which Police Station? |
| *Does the Driver Own Any Other Vehicle? |
| O No O Yes, Vehicle Registration No:insurer: |
| *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: |
| *Was there any video captured by Car Camera? (Yes/No) |
| Third Party Driver's Particulars |
| Vehicle B No: 5KB 5593 G Wake & Model: |
| Driver's Name: Goh Stong AIK NRIC No: \$7879220 AP No: |
| Vehicle C No: Make & Model: |
| Driver's Name: NRIC No: HP No: |
| Witness Particulars |
| New New Mar HP No: |

-







eBaoTech

GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 24/01/2019 15:55 Vehicle No.(For Motor) SGL868S Certificate Number Search Certificate Policyholder Name Policyholder NRIC Insured Object Commence Date Vehicle No. Policy No. Select

201617492M

FAST RENTAL CAR PTE LTD

Number

5099189791

Continue

GPC

Product Cover Type

drivo CLASSIC

Expiry Date

SGL868S SGL868S 02/04/2018 01/04/2019

Claim Handling Accident MT/1029404

Unnamed Driver Excess

Third Party Excess

Excess Type

| Accident MT/1029404 | | | | | | |
|--|-----------------|---|-------------------------------|--|--|---------|
| Policy No. | 5099189791 | | Vehicle No. | SGL868S | GST Registration No. | |
| Certificate No. | | | | | | |
| Policyholder Name | FAST RENTAL (| CAR PTE LTD | | | Policyholder NRIC | 201 |
| Product Code | PRIVATE CAR I | INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 |
| Contact No.(Mobile) | B7501596 | | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | | Special Remark | | eCode | No |
| KFK | » No. Yes | | TCA | * No (Yes | eCode Reason | -/- |
| NCD Protection | No | | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | | |
| Report Date | 24/01/2019 16 | 5.54 | Accident Report Within 24 hrs | Yes | Accident Type | Coll |
| Date of Accident | 24/01/2019 | | Time of Accident hh:mm | 06:50 | | |
| Reporting Centre | | | Orange Force | 06.30 | Country of Accident | Sing |
| Accident Location | SENGKANG EA | ST AVE | Grange Force | | ICM No. | |
| ▽ Excess | Serious En | | | | | |
| Own damage Excess | | 2,000.00 | 7920000000000000 | W: | the Section Control of the Control o | |
| Unnamed Driver Excess | | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100 |
| Third Party Excess | | 1,500.00 | Outside Singapore OD Excess | 2,000.00 | | |
| ⇒ Benefits | | 1,500.00 | Dutside Singapore TP Excess | 1,500.00 | | |
| GST Registered Informa | | | | | | |
| GST Registered | ition | 1927 | | | | |
| GST Registration No. | | No | | GST Registration Date | | |
| Medification History | | | | GST Status Verified | No | |
| Produitation History | | | | | | |
| Policyholder Mailing Add | dress | | | | | |
| Address 1 | BLK 161 #03-1 | 48 | Address 2 | BISHAN STREET 13 | 7.8.440000-0 | |
| Address 4 | SINGAPORE 57 | 0161 | Address Type | | Address 3 | BIS |
| Unit No. | 03-148 | | Related Policy Number | Singapore address | Post Code | 570 |
| ✓ OI Driver Info | 05-140 | | Realted Policy Number | 5105741834 | | |
| Driver Name | Unnamed Drive | | | OCCUPANT OF THE STATE OF THE ST | | |
| Unnamed driver Name | | DREW (YANG FU; | Driver Type | Unnamed Driver | | |
| Register Date of Driver License | 10/01/2008 | DREW (TANG FU) | Driver NRIC | 58530451H | Driver DOB | 14/0 |
| Contact No.(Mobile) | | | Driver Age | 33 | Driving Experience | 11 |
| | 87501596 | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 441D #12- | | Address 2 | FERNVALE ROAD | Address 3 | FERM |
| Address 4 | SINGAPORE 794 | 4441 | Address Type | Singapore address | Post Code | 7944 |
| Unit No. | 12-337 | | | | | |
| Does he own a Singapore Registered car? | Yes = No | | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | | Any injury? | ⊌ Yes ⊯ No | | |
| recoung | | | CONTROL OF | G ICS E ICS | | |
| Modification History | | | | | | |
| Claim 001 New | | | | | | |
| Claim Handling | | | | | | |
| Accident MT/1029404 | | | | | | |
| Policy No. | 5099189791 | | Vehicle No. | CD SESS | | - |
| Certificate No. | | | venice No. | SGL868S | GST Registration No. | |
| Policyholder Name | FAST RENTAL CA | D DTE LTD | | | | |
| Product Code | | STATE AND ADDRESS OF THE PARTY | Court Town | | Policyholder NRIC | 2016 |
| Contact No.(Mobile) | PRIVATE CAR IN | SUKANLE | Cover Type | drivo CLASSIC | Loading | D |
| Email Address | 87501596 | | Contact No.(Office) | | Contact No.(Home) | |
| | 00042000 D0000 | | Special Remark | | eCode | No |
| KFK | « No Yes | | TCA | No Yes | eCode Reason | STORES. |
| NCD Protection | No | | NCD Entitlement(%) | 0 | Private Hire | Yes |
| ▼ Accident Details | | | | | Madagadaya | |
| Report Date | 24/01/2019 16:5 | 54 | Accident Report Within 24 hrs | Yes | Accident Type | Collisi |
| Date of Accident | 24/01/2019 | | Time of Accident hh:mm | 06:50 | Country of Accident | Singa |
| Reporting Centre | | | Orange Force | | ICM No. | - |
| Accident Location | SENGKANG EAST | AVE | | | | |
| ▽ Excess | | | | Total Excess Applicable | | |
| wn damage Excess | | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.0 |
| Jonamed Driver Excess | | | Outside Singapore OD Evices | | The same same same | 100.0 |

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

1,500.00

2,000.00

1,500.00

100.00

| 1/24/2019 | | Clair | m Handling(accident | reporting Cla | aim Task) | | | | |
|--|---|------------------------------------|-------------------------|----------------------------------|---|--|--------------|--|--------|
| All Claims Excess | | | a Day Processes | | NOTICE INTOTOTORY & | | | | |
| YIED All Claim Excess | | Drive | er is Covered? | | | | | | |
| Total All Claim Excess Applicable | | 11 50910 | 10 1001313001 | | | | | | |
| OD Standard Excess | | TP S | tandard Excess | | | | | | |
| YIED OD Excess | | | TP Excess | | | | | | |
| Additional Excess | | 0.00 | Tr Excess | | | Driver is | Covered? | | |
| Total OD Excess Applicable | | | TP Excess Applicable | | | | | | |
| ♥ Benefits | | | | | | | | | |
| GST Registered Informa | tion | | | | | | | | |
| 232222222 | 42 | | | | | | | | |
| Policyholder Mailing Add | Iress | | | | | | | | |
| Address 1 | BLK 161 #03-148 | Addr | are 2 | DIGITAL CONTRA | | WEST STREET | | | |
| Address 4 | SINGAPORE 570161 | | ess Type | BISHAN STREET Singapore addre | | Address | | | BIS |
| Unit No. | 03-148 | | ed Policy Number | 5105741834 | 25 | Post Cod | e | | 570 |
| OI Driver Info | | | | 3103741034 | | | | | |
| Driver Name | Unnamed Driver | Drive | т Туре | Unnamed Driver | | | | | |
| Unnamed driver Name | YEO FU ZHI ANDREW (YA | | r NRIC | S8530451H | | Driver DO | OB. | | 14/0 |
| Register Date of Driver License | 10/01/2008 | Drive | r Age | 33 | | | xperience | | 11 |
| Contact No.(Mobile) | 87501596 | Conta | act No.(Office) | .0.5.1 | | | No.(Home) | | 11 |
| Address 1 | BLK 441D #12-337 | Addre | | FERNVALE ROAD | | Address : | | | FERM |
| Address 4 | SINGAPORE 794441 | Addre | ess Type | Singapore addre | | Post Code | | | 794 |
| Unit No. | 12-337 | | | TO PEN MENTERAL | Y | The State of the S | e: | | 7.344 |
| Does he own a Singapore Registered car? | Yes + No | Drive | r Vehicle No. | | | Driver In- | surer Comp | NAME OF THE OWNER, WHEN THE OW | |
| | | | | | | Privet 311 | surer comp | dilly | |
| Declaration | | | | | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any it | njury? | Yes . No | | | | | |
| | | | | | | | | | |
| Modification History | | | | | | | | | |
| - Indiana | | | | | | | | | |
| Claim 001 OD-MX New | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Claim Type * | | | | | OD-MX | Insured Name | FAST RE | NTAL CAR P | TE LTD |
| Contact No.(Mobile) | | | | | | Contact | | | |
| | | | | | | No. (Home) | | | |
| Email Address | | | | | | OI Vehicle | SGL8685 | | |
| | | | | | Name and the same | Number | | | |
| Claim Description | | | | | SGL868S / SK85593G ON 24 J | an 2019 | | | |
| Preferred Workshop io | Insured Lia | shility was as a | | | | | | | |
| Sonues No. Yes | Preferend | ferred Workshop, Name unknown | GIA Received | , | 7 | | | | |
| Date Registered | Option | | GIA Received | | 24/01/2019 16:57 | Claim | | | |
| | | | | | 24/01/2019 10:57 | Close Date | | | |
| Report Taken By | | | | | LIEW SHAN HUI | Workshop | E . | | |
| | | | | | | Repairer | | | |
| ✓ Print AK letter | | | | | | | | | |
| Print AK rectes | | | | | | | | | |
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| | | | | Save Submit | | | | | |
| Voltage Co. | | | | | | | | | |
| Attachment | | | | | | | | | |
| ▽ | | | | | | | | | |
| Accident No. | V | | 10 ± 55 G K | | -20V | | | | |
| ast Doc. Received | MT/1029404 • Yes • No | | Claim No. | | 001 | | | | |
| AND ENGINEERING ESPECIAL DE | | | Upload Date | | 24/01/2019 16:59 | | | | |
| Character No. 11. Days | Р | ath * | | | Category • | Con | fidential | Urgeno | Y * |
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| NAC_PAYA | _UBI_BOD601(NATIONAL AS 24 Jan 2019 | SESSMENT CENTRE SERVICES) of 16:59 | n NRIC/ Driving License | | Normal | NRIC/ | Driving Lice | ense 2019-1 | 1-24 |
| | | PURE NET FOR | | | | | | | |

| | Uploaded By/Date | Folder Date | File Name | | 9 | Source |
|------------------------------|------------------------|--|-----------|--------|------|---------------|
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| F | NAC_PAYA_UB1_800601(1 | NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:57 | Photos | Normal | Phot | os 2019-1-24 |
| 19 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:57 | Photos | Normal | Phot | os 2019-1-24 |
| 3 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:57 | Photos | Normal | Phot | os 2019-1-24 |
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| * | NAC_PAYA_UBJ_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:58 | Photos | Normal | Pho | tos 2019-1-24 |
| | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:59 | Photos | Normal | Pho | tos 2019-1-24 |
| 2 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:59 | Photos | Normal | Pho | tos 2019-1-24 |
| 1888E1 | NAC_PAYA_UB1_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:59 | Photos | Normal | Pho | tos 2019-1-24 |
| 5-6 | NAC_PAYA_UB1_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:59 | Photos | Normal | Pho | fos 2019-1-24 |
| 1 | NAC_PAYA_UBI_800601(| NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:59 | SAS | Normal | S | AS 2019-1-24 |
| W B | | | | | | |

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