NATIONAL Assessment Centu	e Services.	fuel i Janoay . [Control of the Contro	CONTRACTOR OF THE PARTY OF THE	· Inc
Date in: 20 / 3 / 19 /4:19	Jeb description	n	Date &Time Complete	od Don	2.03
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Veh No: GRE 8005J		i filius, AIC 2lius)			
DOA: 1913 119 05:50.	l-Motor Cla	lm Form	1, M7/1036676-	20/3/1	9 17:03
OD : 10 ! Reporting Only	I-Motor W/0	O (Windo: OD 200) anded	(Tr (bis)		
	Assessment/S	*****			
TP Insurer:	A CONTRACTOR OF THE PARTY OF TH		o Owner/Wk5p	THE REAL PROPERTY.	
Proformed Wksp / INC Assign Wksp / QW: (and an american market	V	Tel:	Fax:)
	PC1407.	INC (.)/Non-INC()		
Owner / Driver: (PC140Z.		Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Dates	Time:)	
	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 8	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		411.489
Execus: (\$) Loading: \$1,0	00 ()/\$2,000	()	The second second second second		a promitive in medical
General Remarks as September 200		网络形形的影	ARROWS AND ASSESSED.	Same and	
() Walk-In Customer : Customer's Infor					and the second second second
() Total Loss Case : to e-mall Insure	r URGENTLY.				
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Ramacks; (1872 Loans 1670) 6676)				NEW TOWN	By .
1) Apply for Transport Allowance ()/C	Special straight services and the services of)		A MINELLA A	
2) QC Check / Post Repair Inspection	(;				
1) Upload Resurvey Photo [Repair Cost > \$3)	Total Part Control		
Injury :				,	
TO THE PARTY OF TH	Centra de adoles estados de centras de la	THE STATE OF THE S		ANTIFECT OF THE	vaturdi. Militari.
intercinio / Actions / December 125/100				Middle Michigae	<u>:</u>
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	11902053	1) All 1 Applient	Raporting (530);	30-00	a tvad pin
lannon la Particular de la		2) DA : Damage A	inc. (\$100); INC.	(550) 540/545	
iver/Owner:		3) Tl' : Towing Pe 4) FT : Pollow-Th	rough Survey	\$120	
ontact No;		5) PT : Follow-The	cough Burvey (Resurvey) ainst INC Only (wof 10 Jan 2	(05)	
rnaged Portion:		6) TR: Re-inspect 7) N1 : Idan DA +	ion SMRT Survey	\$75 \$160	
Checked by (Engr-In-Charge):		8) NTUC Addition	al Services:-	23	
3.00		*NG: Repair Co	-ordination	510	
ditors Communista		*N7: Post Reput *N8: DV / Colle	out Expess Coordination	\$25 \$5	
Li	N. V. I. S. A. V. E. C. II	TP (N11) : TP (9) 1412: Idao Mole	Nun INC) against INC	30	•
273;		Involve dated	Fee Charge	and wrong property	HAMPA FALLY
		Involce dated	Fee Charge	ed MINISTER	

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.
- Information provided must be as <u>truthful and accurate</u> 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.

aforesaid.	
And the second of the second	ACCIDENT STATEMENT
Date Of Report	20/03/2019 14:19
Date Of Accident	19/03/2019 05:50
Exact Location Of Accident	JUNC OF TOH GUAN RD & TOH GUAN RD E
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE8005J
Insured/Policyholder	
Name Of Registered Owner	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY
Co Reg No	53124418X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94764165
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088068709-01
Cover Note Number	A company of the contract of t
Driver	
Name of Driver	WANG HUAZHEN
and the second s	

 Passport No/FIN
 G3305391L

 Date Of Birth
 23/08/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/01/2017

Driving Experience 2 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93912280

Fax Number Contact Number

EMail Address NOEMAIL

Address

26A JALAN PARAS YONG SENG ESTATE

Postcode

418891

Was driver an employee of the Insured's Company YES

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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.

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH TP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC140Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 34

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 WANG HUAZHEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBE8005J

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Page 3 of 34

SKETCH PLAN

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.
- 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:
 - (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.

能 煌 麵 粉 粿 制 造 廠 王仪赛 -EI HUANG MEE HOON KUAY MANUFACTURING FACTURY

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.:

	Toh Guan Rol		
gai nitto			
C			
ih Guan Rd			A = GBE 80
E			
			B = PC 140:
			C = (/m)(mos
	I A		
	0		
	1 B 11		
DESCRIBE CIRCUMSTAN	CEC OF THE ACCIDENT		
Please	Refer to	Police	Report
DECEARATION 株 利	造 版 Duc GCOO		
MG MYE HOODE WHAT HANGS AG IS	Mc alars are true in every respect.		1/
MG MYE HOODE KHAN HANGSAG W	Mc alars are true in every respect.		hat.
DECLARATION TO NO MYE HOUSE HO	Driver's Signature		prting Centre Personnel's Signature

Date & Time:

NRIC/FIN No.:





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 4 Report No. T/20190320/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time 20/03/201		/lade:	Vide Report No.: D/20190319/0036	Station Diary No.:
Informan	t's Partici	ulars		THE PROPERTY OF THE PARTY OF TH
Name of I WANG HI			Address: 26A JALAN PARAS YON 418891	NG SENG ESTATE SINGAPORE
ID Type / ID No.: FIN NO / G3305391L		Contact No.: Home/Office: Mobile: 93912280		
Nationality CHINESE	() - ()		Email:	
Sex: Male	Age: 40	Date of Birth: 23/08/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation DELIVER		Driving Licence Informa /ER Class: 3		ion: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2019 05:50	Type of Location X-Junction
TOH GUAN R	WN HALL ROAD	2 Road Surface:	T	Dood Consulting
Clear		Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Light
Type of Collisi Between Movi	on: ng Vehicles - Head To F	Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE8005J	Lorry	TOYOTA		Silver	Slightly Damaged	0
PC140Z	Bus/Coach/Mi nibus			Silver	Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE8005J	NTUC Income Insurance Co-Operative Limited			





2 of 4

Report No. T/20190320/2069

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No			
No. of Pedestrian	The state of the s	Use of Pedestr	ian Cross	sing: NA
Driver	HE THE PARTY OF TH	4 1 - 10 TO 1 1 TO 1 TO 1 TO 1		THE RESIDENCE TO
Name	WANG HUAZHEN	ID	No.	G3305391L
Related Vehicle	GBE8005J (Lorry)	Co	ntact No.	93912280
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		ass of ving ence & piry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/03/2019	Date Discharg		3/2019
No. of Days gran	ted Medical Leave 05	Degree of Inju	ry Sligh	t
Driver				TO THE RESIDENCE OF
Name	LIU TAO	ID	No.	G3135947W
Related Vehicle	PC140Z (Bus/Coach/Minibus)	Co	ntact No.	87317579
Hospital/Clinic	NIL		ass of ving ence & piry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharg	e NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Inju		

Brief Details.

On the 19/03/2019 at about 0550hrs, I was driving my company (Fei Huang Mee Hoon Kuay Manufacturing Factory) lorry vehicle (Toyota, Silver, GBE8005J), in the middle of a 3 lane road along Toh Guan Road towards Jurong Town Hall Road. I was approaching a cross junction along the road and intended to make a right turn at the junction however the turn-right arrow was already flashing hence I decided to make a stop. I then suddenly felt a strong impact from the lorry's rear and the lorry moved to the left and mounted a kerb, onto the pavement. The lorry came to a stop when the left front side of the lorry hit against a barrier of a factory.

I felt back and neck pains when the vehicle stopped. I then alighted from the lorry to make a check and noticed that a coach vehicle (Silver, PC140Z) had collided with the rear of my lorry. The driver of the coach did not seem to be injured. There were no passengers in both vehicles when the accident occurred. The impact caused the coach's front windshield to be cracked and its front portion was dented. The impact also caused my company's lorry to be damaged, mainly at the front left portion where it was dented and also the rear container (used for storage) where it was dented and also pushed slightly to the lorry's front body causing it to be jammed.

Shortly after, a traffic police officer arrived and interviewed both parties. My company's lorry has a front invehicle camera, of which the SD Card (SP Elite Micro HC I 8GB) was given to the TP Officer. I was also issued a police acknowledgement slip after handing over the SD Card. I was also advised to lodge a traffic accident report. I also informed my company's supervisor about the accident and he sent another





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 3 of 4 Report No. T/20190320/2069

CONTINUATION OF REPORT

driver who arrived shortly after to transfer the goods that was in my lorry and I followed the other driver to deliver the good. Later that evening, after work, I went to Mount Alvernia Hospital for a checkup and was issued with 05 days of Outpatient Sick Leave, from 19/03/2019 to 23/03/2019.

I am lodging this report as required by the Traffic Police and also for insurance purposes. I also wish to add in that I was given a case card by the TP officer vide report number D/20190319/0036.





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

Report No. T/20190320/2069

4 of 4

CONTINUATION OF REPORT

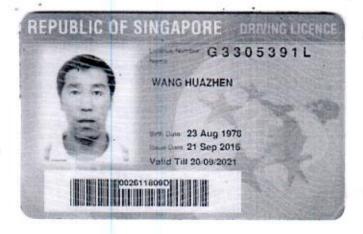
Sketch Plan

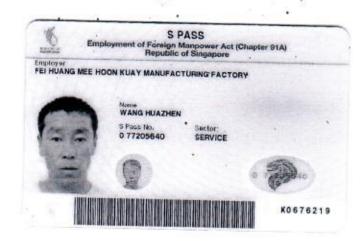
NP168

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 / Sgt 2 MUHAMMAD NURUL'OMARALI BIN SUPRAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2019 12:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp	









Policy Search

eBaoTech

3/20/2019

GeneralClaim

Hello, NAC_PAYA_UBI	_800601				· Change L	anguage	• Chang	e Password	, Log Ou
My Desktop	Policy Query								50
Notice of Loss	Policy No.			Date	e of Accident	E	19/03/2019 1	4:09	
	Vehicle No.(For Motor)	GBE80053		Cert	tificate Number	[
	Select Policy No.	ificate Policyholder	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5088068709- 01	FEI HUANG MEE HOON KUAY MANUFACTURING FACTORY	53124418X	GCV	Comprehensive		STATE OF THE STATE		27/03/2019
			T	Continue	7		97 - WINDOWS D. T.		

Claim Handling

Accident MT/1036676						
Policy No.	5088068709-01	Vehicle No.	GBE8005)		GST Registration No.	
Certificate No.						
Policynoider Name	FEI HUANG MEE HOON KUAY MANUFACTUR	RING FACTORY			Policyholder NRIC	53124
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading	0
Contact No.(Mobile)	NA .	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No ▼
KFK	» No Yes	TCA	No Yes			
NCD Protection					eCode Reason	1445
	No	NCD Entitlement(%)	20		Private Hire	No
MANAGES MANAGES	(Migris consultation)		V 50000		Egyptin English	
Report Date	20/03/2019 11:20	Accident Report Within 24 hrs	Yes		Accident Type	Hit and
Date of Accident	19/03/2019	Time of Accident hhumm	07:30		Country of Accident	Singap
Reporting Centre		Orange Force			ICM No.	
Accident Location	NO 2 TOH GUAN RD EAST					
⇒ Excess						
Own damage Excess	600.00	Additional Excess			Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
▽ Benefits						
GST Registered Informa	tion					
GST Registered	No		GST Rec	pistration Date		
GST Registration No.	110			itus Verified	No.	
Modification History			031 50	Section 2015		
STORY CONTRACTOR OF THE PARTY O						
Policyholder Mailing Ade	Irass					
Address 1	96L JALAN SENANG	Address 2	Project Pone 310	40.5	Address 3	
Address 4	YOU JALAN SENANG	Address Type	SINGAPORE 418			
			Singapore addre	39	Post Code	41849
Unit No.		Related Policy Number	5088068709-02			
→ OI Driver Info						
Driver Name		Driver Type				
Unnamed driver Name		Driver NRIC			Driver DOB	
Register Date of Driver License		Driver Age			Driving Experience	
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)	
Address 1		Address 2			Address 3	
Address 4		Address Type	Foreign address		Post Code	
Unit No.						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer Compan	y .
75						
Modification Mictory						
Modification History						
Claim 002 New						
THE STATE OF THE S						
e/Touristanian et a					feeting to the same of the sam	
Claim Type *				OD-MX	- Name	MEE HOON KUAY M
Contact No.(Mobile)				96818735	No. NIL	
CONTRACTOR AND A CONTRA				70010133	(Home)	
Email Address					OI Vehicle GBE80053	
					Number	
Claim Description				GBEB005) / PC140Z ON	19 Mar 2019	
Section Control				posedodary reliate on	13 Mar 2013	
Preferred Workshop 0	Preference Liability Not at I					
Finalisation Yes	 Repair Preferred Workshop 	p, Name unknown T GIA Receiv	red	*	200	
Date Registered	Option	1000A00 0000 - 000 000 000		20/03/2019 16:56	Claim	
Record Tables Bu					Date	
Report Taken By				LIEW SHAN HUI		
Print AK letter						
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M						
Attachment						
70						
x 700 x 0 x 10 x 20 x 20 x 20 x 20 x 20 x 2	Annahan asan	2000 Acril		17099		
Accident No.	MT/1036676	Claim No.		002		
Last Doc. Received	● Yes □ No	Upload Date		20/03/2019 17:03		
	Path *			Category *	Confidential	Urgency *
Choose File No file chosen			Clear	Please Select	T NO T	Normal *

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Clear

Please Select		NO	*	Normal	*
Please Select	•	NO	•	Normal	•
Please Select	*	NO	7	Normal	
Please Select		NO	7.	Normal	
Please Select	*	NO		Normal	

Message Read

Choose File No file chosen

Attachment Lis					
Attachment	Uploaded By/Date	Category	9	Urgency	Description
- 14.5 - 14.5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-3-20
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	SAS		Normal	SAS 2019-3-20
T	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
) Real	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
- 23	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
4	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:03	Photos		Normal	Photos 2019-3-20
Th	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:02	Photos		Normal	Photos 2019-3-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:02	Photos		Normal	Photos 2019-3-20
	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:02	Photos		Normal	Photos 2019-3-20
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14	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2019 17:02	Photos		Normal	Photos 2019-3-20
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