

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2019)

Date In	25/03/2019 15:15	Job description	Date & Time Completed	Done by
Ref No	NA/INC19005288/K4	SAS e-filing		
Pl NO	GBB 5226Z	E-mail (within 8hrs, AIC 2hrs)		
DDA	23/03/2019 09:45	I-Motor Claim Form	MT/1037432-001	26/3/19 1010
LP Reporting Only		I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SLG 8426Z INC () / Non-INC () Tel: Fax:)

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)

Remarks	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

NA1902164

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$) In Bill	Amc (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Additional Comments:	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:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N'n INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	25/03/2019 15:15
Date Of Accident	23/03/2019 09:45
Exact Location Of Accident	BUILDING / EUNOS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB5226Z
Insured/Policyholder	
Name Of Registered Owner	MGR OFFICE SOLUTIONS PTE LTD
Co Reg No	201724894E
Email Address	SUPPORT@MGROFFICE.COM.SG
Mobile Phone No	(LOCAL) +65-84986643
Alternative Phone No	OFFICE-84986643
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095487090-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIREE BIN ISMAIL
NRIC No	S9108097D
Date Of Birth	27/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84986643
Fax Number	
Contact Number	OTHERS-84986643
EMail Address	SUPPORT@MGROFFICE.COM.SG

Address	BLK 204 TOA PAYOH NORTH #03-1133
Postcode	310204
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	SIDE SWIPE
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	2
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG8426Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH KAH HEE
NRIC/Passport Number	S0204634B
Contact Number	94575850
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

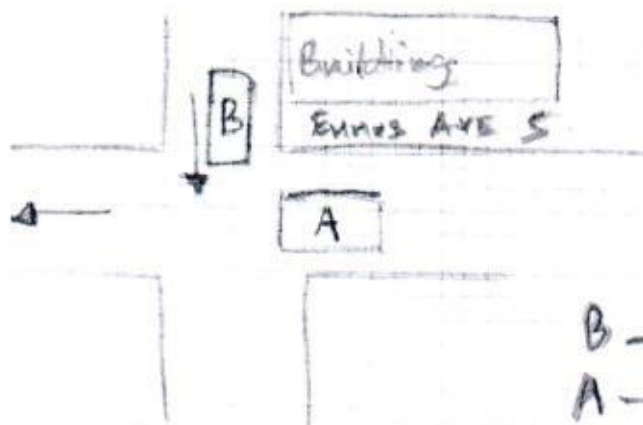
X
Policyholder's Signature
Date & Time:

120
Driver's Signature
(if driver is not the policyholder)
Date & Time:



25/3/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



B - CAR - SLG 8426Z
A - Van - GBB 5226Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23rd March 2019, at 9.49 am, I was travelling along Ennes Ave S. I was driving my company van - Gbb 5226Z. I was travelling @ 30km/h. On my right is Warehouse building. I was driving straight & suddenly a car on my right side of the road appeared. The road has a blindspot on my right with big lorry & building. I manage to stop just as the car appear in front of my van. I hit the car left front fender. The car had some dent on the left front fender. The driver and I agreed to settle via insurance claim. My right side of front bumper had slight dent.

Car plate number: SLG 8426Z
Owner name: Ron Han Hui.
I/C: - S0204634B.
Contact number: 94575850.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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



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

25/3/2019

Reported on 23/3/2019 @ 1305HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (23/3/2019) (DD/MM/YYYY), TIME: (09:45 AM) (HH:MM)

LOCATION: Building Eunos Ave 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ~~SLG 8426Z~~ GBB 5226Z
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84986643
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 8426Z MODEL: _____ *No of passen
b) DRIVER'S NAME: KOH KAH HEE (Including dr
c) NRIC/FIN/PASSPORT: S0204634B CONTACT: 94575850 (-)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of passe
e) DRIVER'S NAME: _____ (Including dr
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (-)

Email = Support@mgroffice.com.sg ✓
fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9108097D



Name
MUHAMMAD KHAIREE BIN ISMAIL

Race
MALAY

Date of birth
27-02-1991

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE
LICENCE NUMBER: S9108097D



Name
MUHAMMAD KHAIREE BIN ISMAIL

Birth Date
27 Feb 1991

Issue Date
06 Mar 2010



001536094H

3553379




NRIC No. S9108097D

Date of issue
11-03-2006


Address
**APT BLK 204 TOA PAYOH NORTH
#03-1133
SINGAPORE 310204**

CLASS OF VEHICLE TO FOLLOWING

		PASS DATE
Class 2B	Motorcycles <= 200 CC	06 Mar 2010
Class 2A	Motorcycles between 201 CC and 400 CC	09 Jun 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Feb 2012

S / No. 9000300616

S9108097D



Licence No. S9108097D

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 : 5095487090-01

Cover : Third Party

- | | |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB5226Z |
| Chassis Number | : JTFHT02P600043642 |
| 2. Name of Policyholder | : MGR OFFICE SOLUTIONS PTE LTD |
| 3. Effective Date of Insurance | : 02 Nov 2018 |
| 4. Expiry Date of Insurance | : 01 Nov 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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

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

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : MM TRADING ENTERPRISE (00000614331)

Date of Issue : 28 Sep 2018 21:03 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="23/03/2019 09:45"/>
Vehicle No.(For Motor)	<input type="text" value="GBB5226Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095487090-01		MGR OFFICE SOLUTIONS PTE LTD	201724894E	GCV	Third Party	GBB5226Z	GBB5226Z	02/11/2018	01/11/2019

▼ Policy Information

Policy No.	5095487090-01	Policyholder Name	MGR OFFICE SOLUTIONS PTE LT	Policyholder NRIC	201724894E
Certificate No.					
Address	5 UPPER ALJUNIED LINK #05-03 QUARTZ INDUSTRIAL BUILDING SINGAPORE 367903				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/09/2018	Effective Date	02/11/2018 00:00	Expiry Date	01/11/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	MM TRADING ENTERPRISE	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	5 UPPER ALJUNIED LINK	Address 2	#05-03 QUARTZ INDUSTRIAL B	Address 3	SINGAPORE 367903
Address 4		Address Type	Singapore address	Post Code	367903
Unit No.	12-08	Related Policy Number	5095487090-01		

► Insured Object: GBB5226Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1037432

Policy No.	5095487090-01	Vehicle No.	GBB5226Z	GST Registration No.
Certificate No.				
Policyholder Name	MGR OFFICE SOLUTIONS PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	84986643	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ Accident Details

Report Date	26/03/2019 10:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/03/2019	Time of Accident hh:mm	09:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BUILDING / EUNOS AVE 5			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/20
GST Registration No.	201724894E	GST Status Verified	Yes
Modification History	26/03/2019 10:09:15 System changed GST Registered from No to Yes 26/03/2019 10:09:15 System changed GST Registration No. from null to 201724894E 26/03/2019 10:09:15 System changed GST Registration Date from null to 01/01/2018		

▼ Policyholder Mailing Address

Address 1	5 UPPER ALJUNIED LINK	Address 2	#05-03 QUARTZ INDUSTRIAL BLDG	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	12-08	Related Policy Number	5095487090-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD KHAJREE BIN ISMA	Driver NRIC	S9108097D	Driver DOB
Register Date of Driver License	02/02/2012	Driver Age	28	Driving Experience
Contact No.(Mobile)	84986643	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 204 #	Address 2	TOA PAYOH NORTH	Address 3
Address 4	SINGAPORE 310204	Address Type	Singapore address	Post Code
Unit No.				
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

Contact No. Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	MGR OFFICE SOLUTIONS PTE LTD
98805152	Contact No. (Home)	NIL
CALLINE@MGROFFICE.COM.SG	Vehicle Number	GBB5226Z

GBB5226Z / SLG8426Z ON 23 Mar 2019

26/03/2019 10:14	Claim Close Date	
	Workshop Repairer	

Insured Liability	Partially at Fault
Preferred Repair Option	Preferred Workshop, Name unknown
GIA report	Received

Attachment



Accident No. MT/1037432 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 26/03/2019 10:10

Path *

Category *

Confidential

No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen
 No file chosen

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Please Select ▼

NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:14	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:10	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2019 10:10	Photos	Normal	Photos