

NATIONAL Assessment Centre Services

Date In: 24/05/2019 13:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009166/K4	SAS e-filing		
Veh No: SLA7981A	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 23/05/2019 14:10	i-Motor Claim Form	MT/1046207-001	27/5/19 15:20
OD (TP) 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: (Tel:	Fax:
TP Particulars:	Veh No: FBM7087L	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Title: ()
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

NA1903859	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR : Re-inspection \$75			
Cat 2/3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice date:1	Fee Charged		
	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	24/05/2019 13:20
Date Of Accident	23/05/2019 14:10
Exact Location Of Accident	DUNEARN ROAD TWDS SHELFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7981A
Insured/Policyholder	
Name Of Registered Owner	ABJ PTE LTD
Co Reg No	200009785D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93214646
Alternative Phone No	OFFICE-93214646

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093760443-01
Cover Note Number	

Driver

Name of Driver	NORSIN BIN BUJANG
NRIC No	S6808045B
Date Of Birth	26/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93214646
Fax Number	
Contact Number	OTHERS-93214646
Email Address	NOEMAIL

Address	BLK 338 UBI AVENUE 1 #02-857
Postcode	400338
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190524/2072

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	FBM7087L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GUTTENSOHN ANDREAS JOSEF
NRIC/Passport Number	S2700667A
Contact Number	90664109
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.
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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.

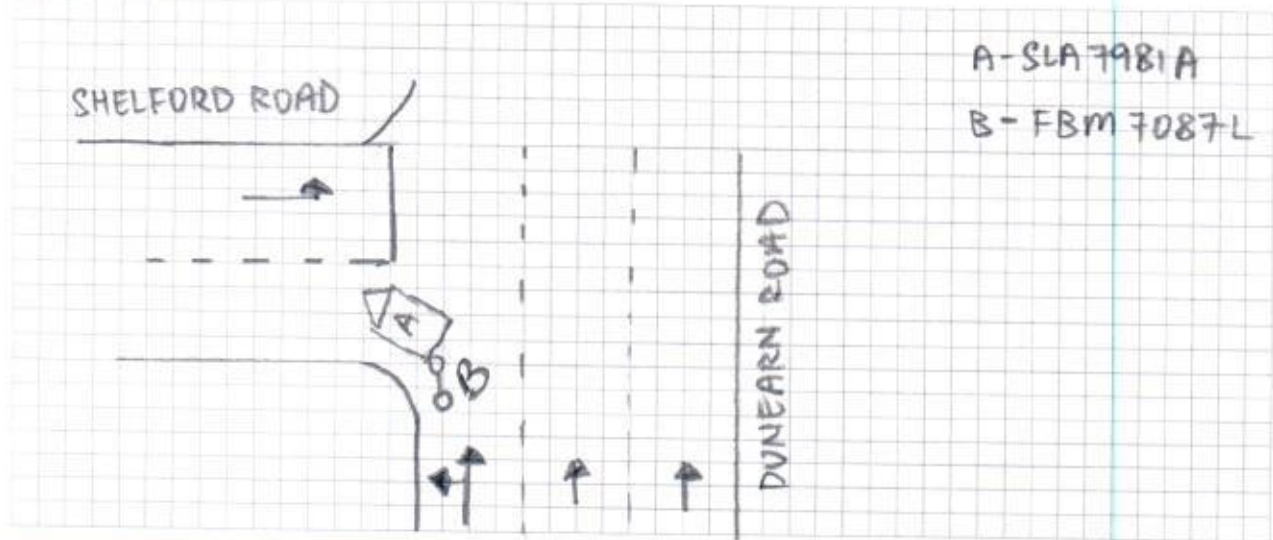


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report T/20190524/2012

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.:



SINGAPORE POLICE FORCE



T/20190524/2072

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20190524/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2019 12:59	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: NORSIN BIN BUJANG			Address: APT BLK 338 UBI AVENUE 1 #02-857 SINGAPORE 400338	
ID Type / ID No.: NRIC NO / S6808045B			Contact No.: Home/Office: Mobile: 93214646	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 26/02/1968	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: PEST CONTROL			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/05/2019 14:10	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD DUNEARN ROAD TOWARDS SHELFORD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7087L	Motorcycle	DUCATI	DUCATI SCRAMBLE R ICON	Silver	Slightly Damaged	0
SLA7981A	Car	HONDA	CIVIC 1.6L VTI AUTO	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20190524/2072

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

2 of 3

Report No. T/20190524/2072

CONTINUATION OF REPORT

Driver				
Name	NORSIN BIN BUJANG		ID No.	S6808045B
Related Vehicle	NIL		Contact No.	93214646
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Rider				
Name	GUTTENSOHN ANDREAS JOSEF		ID No.	S2700667A
Related Vehicle	NIL		Contact No.	90664109
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 23/05/2019 at about 1410hrs, I was travelling along Dunearn Road turning left slowly towards Shelford Road when all of a sudden I heard a collision on the rear of my vehicle. I then stopped the vehicle and came out to see what happened. One motorcyclist had collided onto the rear of my vehicle and his motorcycle was toppled down. The rear left portion of the signal light was damaged. The rear left bumper towards the body was dented. The motorcyclist sustained injuries on his right hand index finger. Ambulance arrived and he was conveyed to the hospital. Traffic Police arrive to scene and I handed over my front in car camera's SD card to the officer. Incident vide E/20190523/0089

 SINGAPORE
POLICE FORCE



SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20190524/2072

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20190524/2072

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 /
Sgt 1 CHUA KUN ER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF
Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/05/2019 12:59


Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6808045B





Name
NORSIN BIN BUJANG

Race
JAVANESE

Date of birth
26-02-1968

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S6808045B

Name
NORSIN BIN BUJANG

Birth Date
26 Feb 1968

Issue Date
09 Jul 2014



002322193H

5348297



NRIC No. S6808045B



Date of issue
03-09-2014

Address
**APT BLK 338 UBI AVENUE 1
#02-857
SINGAPORE 400338**

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 07 Mar 1990

NP 428A



Licence No. S6808045B

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="23/05/2019 14:10"/>							
Vehicle No. (For Motor)	<input type="text" value="SLA7981A"/>	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"/>	5093760443-01		ABJ PTE LTD	200009785D	GPC	drive CLASSIC	SLA7981A	SLA7981A	16/10/2018	15/10/2019
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5093760443-01	Policyholder Name	ABJ PTE LTD	Policyholder NRIC	200009785D
Certificate No.					
Address	14 NEW INDUSTRIAL ROAD #02-06 HUDSON INDUSTRIAL BUILDING SINGAPORE 536203				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/10/2018	Effective Date	16/10/2018 00:00	Expiry Date	15/10/2019 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	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL B	Address 3	SINGAPORE 536203
Address 4		Address Type	Singapore address	Post Code	536203
Unit No.		Related Policy Number	5078853956-03		

▶ Insured Object: SLA7981A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1046207

Policy No.	5093760443-01	Vehicle No.	SLA7981A	GST Registration No.
Certificate No.				
Policyholder Name	ABJ PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93214646	Contact No.(Office)	0	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	27/05/2019 15:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/05/2019	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DUNEARN ROAD TWDS SHELFORD ROAD			
Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date	01/12/20	
GST Registration No.	200009785D	GST Status Verified	Yes	
Modification History	27/05/2019 15:14:54 System changed GST Registered from No to Yes 27/05/2019 15:14:54 System changed GST Registration No. from null to 200009785D 27/05/2019 15:14:54 System changed GST Registration Date from null to 01/12/2007			
Policyholder Mailing Address				
Address 1	14 NEW INDUSTRIAL ROAD	Address 2	#02-06 HUDSON INDUSTRIAL B	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5078853956-03	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NORSIN BIN BUJANG	Driver NRIC	S6808045B	Driving Experience
Register Date of Driver License	07/03/1990	Driver Age	51	Contact No.(Home)
Contact No.(Mobile)	93214646	Contact No.(Office)	0	Address 3
Address 1	BLK 338 #	Address 2	UBI AVENUE 1	Post Code
Address 4		Address Type	Singapore address	
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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ABJ PTE
Contact No.(Mobile)	NIL	Contact No. (Home)	NIL
Email Address	abjpest@starhub.net.sg	OI Vehicle Number	SLA798
Claim Description	SLA7981A / FBM7087L ON 23 May 2019		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Contact No. Finalisation	Preferred	Repair Option	Preferred Workshop, Name unknown
Date Registered	27/05/2019 15:21	GIA report	Received
Report Taken By		Claim Close Date	
Print AK letter		Workshop Repairer	

Attachment

Accident No. MT/1046207 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 27/05/2019 15:15

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category *

Confidential

 NO

 NO




















 NO

 NO

 NO

 NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:20	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:19	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 May 2019 15:17	Photos	Normal	Photos