

NATIONAL Assessment Centre Services

Date In: 14/06/2019 14:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010568/FF			
Veh No: GBJ1119J	E-mail (w/In: 8hrs, N/C: 2hrs)		
DDA: 13/06/2019 14:55	i-Motor Claim Form: MT/1049122-001 15/6/19 09:48		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBA9650K	INC () / Non-INC ()
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)	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

NA 1904304

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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 dated	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	14/06/2019 14:17
Date Of Accident	13/06/2019 14:55
Exact Location Of Accident	HAVELOCK ROAD OUTSIDE MOM BUILDING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBJ1119J
Insured/Policyholder	
Name Of Registered Owner	RI SHEN SERVICES PTE. LTD.
Co Reg No	201109258N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86889366
Alternative Phone No	OFFICE-86889366
Vehicle Particulars	
Manufacturer	TOYOTA
Model	REGIUS ACE SUPER GL DARK PRIME II 2.8 A
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106663704
Cover Note Number	
Driver	
Name of Driver	OW KOK SHENG, ZACHARY
NRIC No	S9140839B
Date Of Birth	13/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/07/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86889366
Fax Number	
Contact Number	OTHERS-86889366
Email Address	NOEMAIL

Address	BLK 475A UPPER SERANGOON CRESCENT
	#03-509
Postcode	531475
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	RAINING
Road Surface	WET

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?	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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20190613/2122

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	GBA9650K
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 OW KOK SHENG, ZACHARY

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? GBJ1119J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.



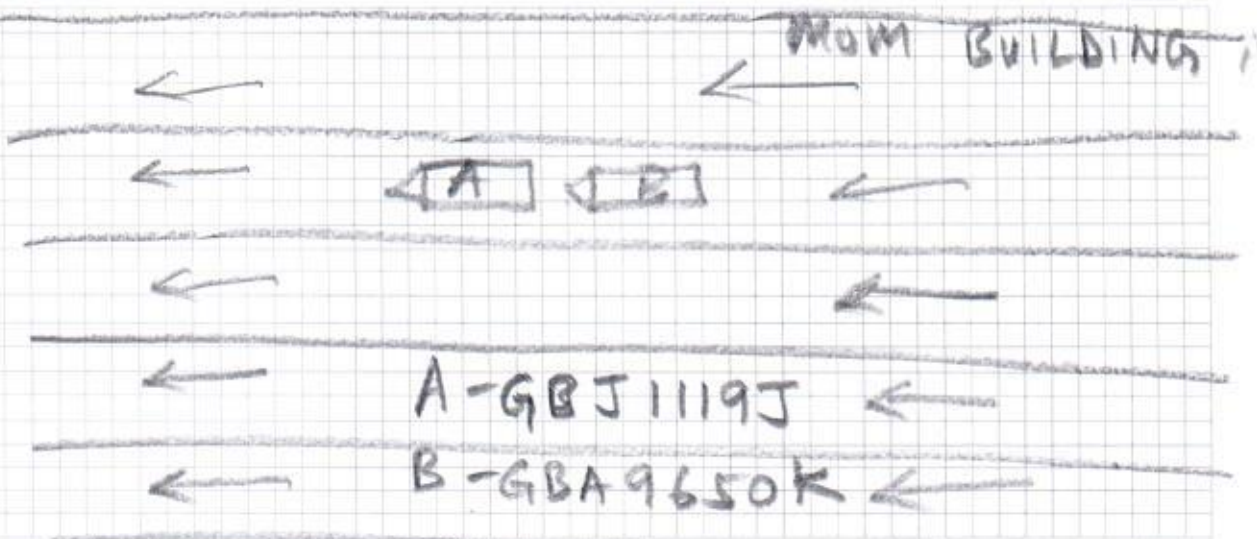
Policyholder's Signature
Date & Time: 2019/06/14

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

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

SKETCH PLAN

Havelock Rd. outside



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mom

P/s Refer to the Police Report - T/20190613/2122

DECLARATION

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



Policyholder's Signature
Date & Time:

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

14/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190613/2122

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190613/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2019 20:18	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars

Name of Informant: OW KOK SHENG, ZACHARY			Address: APT BLK 475A UPPER SERANGOON CRESCENT #03-509 SINGAPORE 531475		
ID Type / ID No.: NRIC NO / S9140839B			Contact No.: Home/Office: Mobile: 86889366		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 13/11/1991	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: COURIER			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: 13/06/2019 14:55	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD OUTSIDE MOM BUILDING AT HAVELOCK ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1119J	Van					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190613/2122

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Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190613/2122

CONTINUATION OF REPORT

Driver			
Name	OW KOK SHENG, ZACHARY	ID No.	S9140839B
Related Vehicle	GBJ1119J (Van)	Contact No.	86889366
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/06/2019	Date Discharge	13/06/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 13/06/2019 at around 1455hrs, I was driving along Havelock Road when I had pulled up my vehicle in front of the MOM building in response to a red traffic light. My vehicle has been stationary for around 1-2 minutes and when the traffic light turned green, I suddenly felt an impact coming from the rear before my vehicle had even move off. I would like to inform that after the collision I was able to exit my vehicle and manage to take a few photo of the accident before feeling headaches, and also pains on my right wrist. As such, I returned back to my vehicle to rest and wait for Police arrival. After Police's arrival, I was subsequently conveyed to Singapore General Hospital due to the pains I was facing.

During my visit to Singapore General Hospital, I was given medical attention and X-Rays, and I was informed that I had suffered a fracture on my right wrist, and was given a Hospitalization leave of 7 day(s). I would like to inform that my girlfriend was inside my vehicle during the time of collision, but she was sleeping at the passenger beside me and had herself cushioned, as such did not suffer any injuries or complained of any pain. She had not seek any medical attention so far.

I would like to inform that I do not have the particulars or vehicle number of the other vehicle that was involved in the accident. I was informed by a Traffic Police officer by the name of David Low who informed that my van is under Police custody. I would like to inform that I have an in-car camera installed in my van, but it was down during that period of time. I would like to inform that I do not know how's the damage of my vehicle, and I have also yet to inform my insurance.



**SINGAPORE
POLICE FORCE**



T/20190613/2122

3 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190613/2122

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 2 JEREMY GOH ZEN KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

13/06/2019 20:18

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9140839B



Name
OW KOK SHENG, ZACHARY

欧 国 昇

Race
CHINESE

Date of birth
13-11-1991

Country of birth
SINGAPORE

Sex
M



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9140839B

OW KOK SHENG, ZACHARY

Birth Date: 13 Nov 1991

Issue Date: 04 Mar 2015

002401771D



SG 50

For LKK/NAC Use Only

4960798



NRIC No: S9140839B



Date of Issue
25-03-2013

APT BLK 475A UPPER SERANGOON CRESCENT #03-509
SINGAPORE 531475

NRIC No: S9140839B Date: 22/07/2015 (R)

For LKK/NAC Use Only

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

EFFECTIVE DATE
17 Jul 2010

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



NP 428A

Licence No: S9140839B



For LKK/NAC Use Only

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="13/06/2019 14:55"/>							
Vehicle No.(For Motor)	<input type="text" value="GBJ1119J"/>	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"/>	5106663704		RI SHEN SERVICES PTE. LTD.	201109258N	GCV	Comprehensive	GBJ1119J	GBJ1119J	02/01/2019	01/01/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5106663704	Policyholder Name	RI SHEN SERVICES PTE. LTD.	Policyholder NRIC	201109258N
Certificate No.					
Address	7030 ANG MO KIO AVENUE 5 #01-23 NORTHSTAR @ AMK SINGAPORE 569880				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy issue Date	31/12/2018	Effective Date	02/01/2019 00:00	Expiry Date	01/01/2020 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	HON BROTHERS MOTOR	Agent Tel.	68446450	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-23 NORTHSTAR @ AMK	Address 3	SINGAPORE 569880
Address 4		Address Type	Singapore address	Post Code	569880
Unit No.	01-23	Related Policy Number	5108454481		

► Insured Object: GBJ1119J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/01/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Jan 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MOTOR CREDIT PTE LTD CHASSIS NUMBER: GDH2011013141 ENGINE NUMBER: 1GD8326969 VEHICLE REGISTRATION NUMBER: GBJ1119J ORIGINAL REGISTRATION DATE: 02 Jan 2019

Continue

Cancel

Claim Handling

Accident MT/1049122

Policy No.	5106663704	Vehicle No.	GBJ1119J	GST Registration No.
Certificate No.				
Policyholder Name	RI SHEN SERVICES PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	86889366	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(%)	0	Private Hire

▼ Accident Details

Report Date	15/06/2019 09:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/06/2019	Time of Accident hh:mm	14:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	HAVELOCK ROAD OUTSIDE MOM BUILDING			

▼ Excess

Own damage Excess	600.00	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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	7030 ANG MO KIO AVENUE 5	Address 2	#01-23 NORTHSTAR @ AMK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-23	Related Policy Number	5108454481	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	OW KOK SHENG, ZACHARY	Driver NRIC	S9140839B	Driving Experience
Register Date of Driver License	17/07/2010	Driver Age	27	Contact No.(Home)
Contact No.(Mobile)	86889366	Contact No.(Office)	0	Address 3
Address 1	BLK 475A #	Address 2	UPPER SERANGOON CRESCENT	Post Code
Address 4	SINGAPORE 531475	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
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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	RI SHE
	Contact No. (Home)	
	OI Vehicle Number	GBJ111
GBJ1119J / GBA9650K ON 13 Jun 2019		
15/06/2019 09:48	Claim Close Date	
	Workshop Repairer	

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

Save Submit

Attachment



Accident No.	MT/1049122	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/06/2019 09:45

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Message Read		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:48	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:47	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:45	Photos	Normal	Photos