

NATIONAL Assessment Centre Services

Date In: 17/06/2019 18:10	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010752/K4	E-mail (within 3hrs; AIC 2hrs):		
Veh No: PC7788J	i-Motor Claim Form: MT/1049624-001	19/6/19 10:24	
D.O.A: 15/06/2019 22:25	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: TP Reporting Only	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: SH9742R	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 () / Towel-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

NA1904426

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	4) FT: Follow-Through Survey \$120		
	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:-		
	ON:		
	*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	

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

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	17/06/2019 18:10
Date Of Accident	15/06/2019 22:25
Exact Location Of Accident	9 TYRWHITT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7788J
Insured/Policyholder	
Name Of Registered Owner	GOLDEN LINE EXPRESS PTE LTD
Co Reg No	199002526Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96772980
Alternative Phone No	OFFICE-62971618

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6129K DIESEL TURBO MANUAL 49 SEATER
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5069818225-03
Cover Note Number	

Driver

Name of Driver	SEAH POH SENG
NRIC No	S1444805E
Date Of Birth	16/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94654433
Fax Number	
Contact Number	OTHERS-94654433
Email Address	NOEMAIL

Address	BLK 826 TAMPINES STREET 81 #03-110
Postcode	520826
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	COLLIDED INTO PARKED VEHICLE
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	SH9742R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN KOK CHYE
NRIC/Passport Number	S1461218A
Contact Number	98481524
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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 willful misrepresentation or withholding of material facts may allow insurance companies to regulate 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.:

18/6/2019

SKETCH PLAN

9 Tyrwhitt Rd



A-PC 7788J
B-SH 9742R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was parked at the side of the road. ~~Vehicle B~~ Pickup the passengers. Suddenly the Vehicle B came to the right side and stop. The passenger open the left side door and hit on the Vehicle A right side front door. Vehicle A damage was slightly damages.

DECLARATION

I/We declare the foregoing 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:
NIC/PIN No.:

18/6/2019



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

CASE CARD

Report Number :

A/20190615/0162

Classification :

PAP

Actions Taken

☐ Advised to file magistrate's complaint

☐ Advised to seek community mediation

☐ For further investigation

☒ Others: Close to Incident

For queries, please contact:

6557 5016

IO Ryan Sim

NP319E (2018)

For more information, visit www.police.gov.sg or the agencies below:

Magistrate's Complaint
www.statecourts.gov.sg

Community Mediation Centre
www.mlaw.gov.sg/content/omc

Samaritans of Singapore
www.sos.org.sg

Family Violence Centre
www.ncss.gov.sg

Municipal Services Office
www.oneservice.sg

Consumer Association of Singapore
www.case.org.sg

NP319E (2/15)

Enquire Vehicle Registration Details

Owner Particulars	
Vehicle/Passenger/Company Card No.:	1990025262
Owner ID Type:	Company
Owner Name:	GOLDEN LINE EXPRESS PTE LTD
Registered Address:	100 JALAN SULTAN MUHAMMAD SULTAN PLAZA SINGAPORE 199001
Mailing Address:	-
Birth Date:	-
Vehicle Particulars	
Vehicle No.:	PC7790J
Previous Vehicle No.:	-
Effective Date of Ownership:	05 Mar 2014
Original Regn Date:	20 Aug 2010
Registration Date:	20 Aug 2010
Year of Manufacture:	2009
Vehicle Type:	Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Sub-type:	Public Service Vehicle (Others)
Vehicle Attachment 1:	Air-Conditioned
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	KING LONG
Vehicle Model:	XN/Q6129K DIESEL TURBO MANUAL 49 SEATER
Primary Colour:	Multi-Colour
Secondary Colour:	-
Passenger Capacity:	49
Class's No.:	LA65TH8KX9R102904
Engine No.:	15LE1320218/3523

ACCIDENT STATEMENT

Reported on

17/6/2019

@ 1520
HR2

ACCIDENT DATE: (15/6/2019) (DD/MM/YYYY), TIME: (22.25) (HH:MM)

LOCATION: 9 Tyrwhitt Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC77885
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: NTUC
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

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 94654433
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: SH9742R MODEL:
b) DRIVER'S NAME: TAN KOK CHYE
c) NRIC/FIN/PASSPORT: S1461218A CONTACT: 98481524

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Taxi

Mr. Pillip

HP: 96772980

Email =

golvilg@smn.singapore.net.sg

golvilg@singnet.com.sg

fax = 62971618

← Fax done with?

VIDEO =

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1444805E



Name
SEAH POH SENG
余宝成

Race
CHINESE

Date of birth
16-07-1960

Sex
M

Country/Place of birth
SINGAPORE

5835430

For LKK/NAC Use Only

5835430



NRIC No. S1444805E



Date of issue
16-11-2017

Address
APT BLK 826 TAMPINES STREET 81
#03-110
SINGAPORE 520826

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S1444805E

Name
SEAH POH SENG

Birth Date
16 Jul 1960

Issue Date
18 May 2012

002062956A

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 3	Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	08 Aug 1980
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	10 Nov 1981
Class 5	Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	29 Aug 1984
	Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg	

NP 428A

For LKK/NAC Use Only

Driver

Land Transport Authority



VOCATIONAL LICENCE
Licence No : S1444805E
Name : SEAH POH SENG
Card Issue Date : 14/12/2017
Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	06/04/2015
04	BUS ATTENDANT	06/04/2015



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5069818225-03		GOLDEN LINE EXPRESS PTE LTD	199002526Z	GBS	Comprehensive	PC7788J	PC7788J	01/07/2018	30/06/2019

▼ Policy Information

Policy No.	5069818225-03	Policyholder Name	GOLDEN LINE EXPRESS PTE LTD	Policyholder NRIC	199002526Z
Certificate No.					
Address	100 JALAN SULTAN #02-16 SULTAN PLAZA SINGAPORE 199001				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/06/2018	Effective Date	01/07/2018 00:00	Expiry Date	30/06/2019 23:59
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	MATAHARI INSURANCE AGENCY	Agent Tel.	64481700	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	100 JALAN SULTAN	Address 2	#02-16 SULTAN PLAZA	Address 3	SINGAPORE 199001
Address 4		Address Type	Singapore address	Post Code	199001
Unit No.		Related Policy Number	5096589146-01		

► Insured Object: PC7788J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1049624

Policy No.	5069818225-03	Vehicle No.	PC7788J	GST Registration No.
Certificate No.				
Policyholder Name	GOLDEN LINE EXPRESS PTE LTD			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96772980	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	☐ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	19/06/2019 10:03	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/06/2019	Time of Accident hh:mm	22:25	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	9 TYRWHITT ROAD			

▼ Excess

Own damage Excess	3,000.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,500.00	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	100 JALAN SULTAN	Address 2	#02-16 SULTAN PLAZA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S096589146-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	SEAH POH SENG	Driver NRIC	S1444805E	Driving Experience
Register Date of Driver License	29/08/1984	Driver Age	58	Contact No.(Home)
Contact No.(Mobile)	94654433	Contact No.(Office)	0	Address 3
Address 1	BLK 826 #	Address 2	TAMPINES STREET 81	Post Code
Address 4	SINGAPORE 520826	Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	☐ Yes ☒ No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	☐ Yes ☒ No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop No. Finalisation Insured Liability Partially at Fault Preferred Repair Option Preferred Workshop, Name unknown GIA report Received

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name GOLDEN LINE EXPRESS PTE LTD

Contact No. (Home)

Vehicle Number PC7788J

PC7788J / SH9742R ON 15 Jun 2019

19/06/2019 10:24 Claim Close Date

Workshop Repairer

Save Submit

Attachment



Accident No.	MT/1049624	Claim No.	001
Last Doc. Received	☒ Yes ☐ No	Upload Date	19/06/2019 10:10

Choose File	No file chosen	Clear Clear Clear Clear Clear Clear	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:24	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:13	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:11	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2019 10:11	Photos	Normal	Photos