

# NATIONAL Assessment Centre Services

[ref: 1 Jan'05] MNA 119149875

Date In: 14/1/19-17:32	Job description	Date & Time Completed	Done by
Ref No: 461149149875	SAS e-filing		
Veh No: 0R8614	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 26/1/19-14:32	i-Motor Claim Form	17/1/19 07:06:00	14/1/19 17:45
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:	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% P: 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

<p>HA 1498533</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1st Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (ref 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
9) N12: Idac Mobile				
10) N11: TP (Non INC) against INC				
11) N12: Idac Mobile				
12) N12: Idac Mobile				
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100) N12: Idac Mobile				

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	12/11/2019 17:32
Date Of Accident	26/01/2019 14:30
Exact Location Of Accident	SERANGOON RD TWDS NORRIS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR861U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092811656-01
Cover Note Number	

### Driver

Name of Driver	YEO SWEE PENG
NRIC No	S1363192A
Date Of Birth	13/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1979
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84986397
Fax Number	
Contact Number	OFFICE-84986397
Email Address	NOEMAIL

Address	BLK 582 BUANGKOK GREEN #04-534
Postcode	530582
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191027/2036.

#### 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 Witness 1

Name	AMAN
Phone Number	
Email Address	



## 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.

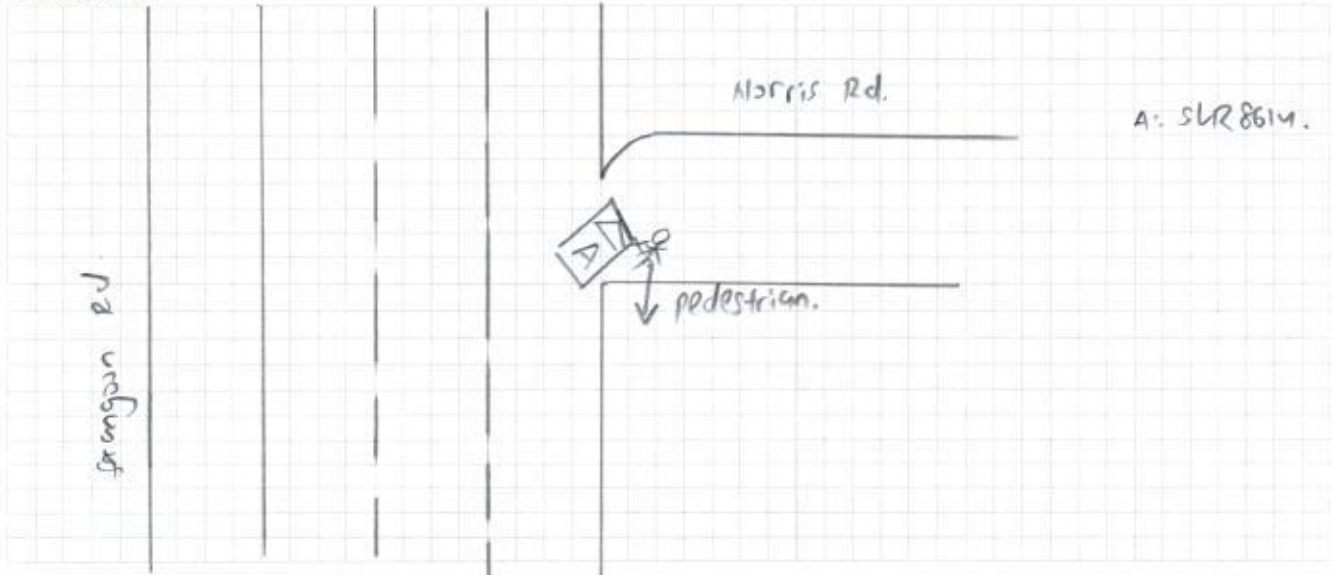


Policyholder's Signature  
Date & Time:

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

Refer to police report - 1/20/190127/2026.

I wish to state that the other party has agreed on private settlement.

Witness asked other person to contact me for asking more money from me.

I am not sure whether is scammer. I went to the other police post to file additional police report, the police officer informed that ignore that witness person. Two days ago, I received a lawyer letter.

## 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.:

*[Handwritten signature]*

*Ufer*



# ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 1 / 19) (DD/MM/YYYY), TIME: (14 : 32) (HH:MM)

LOCATION: Seangpan Rd tuds Norris Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR861u.  
b) INSURANCE COMPANY: NTC  
c) POLICY NUMBER: 519281156-01.  
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: commercial used.  
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: Reliable Riders Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201611527H. CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Yes Grace Png (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57631924. CONTACT: 84986367.  
c) ADDRESS: Blk 552 Dungrake hrtm 404-534 (53058v)

\*d) DATE OF BIRTH: (13 / 11 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/11/1979.

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

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: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Witness: Aman.

Email =

fax =

video =



**SINGAPORE  
POLICE FORCE**



T/20190127/2036

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20190127/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2019 12:56	Vide Report No.:	Station Diary No.: 57
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**Informant's Particulars**

Name of Informant: YEO SWEE PENG			Address: APT BLK 582 BUANGKOK GREEN #04-534 SINGAPORE 530582		
ID Type / ID No.: NRIC NO / S1363192A			Contact No.: Home/Office: 81836397                      Mobile: 84986397		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 13/12/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2019 14:30	Type of Location: Right turn
Location: Along Road 1 Traveling Toward Road 2 SERANGOON ROAD NORRIS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR861U	Car				No Damage	1

**Details of Person Involved**

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available





**SINGAPORE  
POLICE FORCE**



T/20190127/2036

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20190127/2036

**CONTINUATION OF REPORT**

Driver			
Name	YEO SWEE PENG	ID No.	S1363192A
Related Vehicle	SLR861U (Car)	Contact No.	81836397
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/01/2019 around 2.30pm, I was driving my Grab car SLR 861 U along 4-lane Serangoon Road attempting to turn right to Norris Road.

I had one passenger sitting at the rear left passenger seat and was driving him to Singapore Cricket Club.

I was turning right when I spotted a female elderly attempting to cross Norris road in front of my vehicle. However, before I managed to brake, my car had already hit her and she fell to the ground.

I immediately alighted from my vehicle and attended to the female subject. She had abrasions on her left elbow, right toe and left knee.

There are no damages on my vehicle. There was a witness namely (Aman) nearby who mentioned he saw the incident and provided his contact number.

I drove the female subject and Aman to Tan Tock Seng Hospital. The female subject and I wanted to settle the things amicably and she agreed. After making a check, the doctor informed the female subject can be discharged and there are no fractures.





**SINGAPORE  
POLICE FORCE**



T/20190127/2036

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

3 of 3

Report No. T/20190127/2036

**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:   
E /  
Staff Sgt NOORNAZREEN BINTE ABULHASAN

Signature Of Informant:



Signature Of Interpreter:  
Not applicable

Date/Time:  
27/01/2019 12:56


Officer In Charge Of Case:

TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65472076

Classification Of Case:

SN 168

Authentication Stamp  
NP168

  
SIGNATURE

eBaoTech

GeneralClaim

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="26/01/2019 14:30"/>							
Vehicle No. (For Motor)	<input type="text" value="SLR861U"/>	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"/>	5092811656-01		RELIABLE RIDES PTE LTD	201611527N	GPC	drive CLASSIC	SLR861U	SLR861U	31/07/2018	30/07/2019
<input type="button" value="Continue"/>										



### Claim Handling

Accident MT/1070261

Policy No.	S092811656-01	Vehicle No.	SLR861U	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	NIL	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	<div><div></div></div>
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	Yes
<div><div></div> Accident Details</div>					
Report Date	06/11/2019 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Pedestrian
Date of Accident	26/01/2019	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NORRIS ROAD				
<div><div></div> Excess</div>					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

## Policyholder Mailing Address

Address 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		

## 01 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? <input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

#### Modification History

Claims 001	New
------------	-----

Claim Type *	DD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		Ol Vehicle Number	SLR861U	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SLR861U ON 26 Jan 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/11/2019 17:42	Claim Close Date		Date Received	12/11/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

## Attachment

Accident No.	MT/1070261	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/11/2019 17:42

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> No	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> No	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> No	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> No	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> No	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="text"/> No	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
 <a href="#">NAC_PAYA_UBJ_800601 (NATIONAL ASSESSMENT CENTRE SERV)</a>	CEJ on 12 Nov 2019 17:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-12

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Nov 2019 17:42	SAS	Normal	SAS 2019-11-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Nov 2019 17:42	Photos	Normal	Photos 2019-11-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Nov 2019 17:42	Photos	Normal	Photos 2019-11-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Nov 2019 17:42	Photos	Normal	Photos 2019-11-12
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 12 Nov 2019 17:42	Photos	Normal	Photos 2019-11-12