

NATIONAL Assessment Centre Services [wef 1 Jan 2005] **MNA118007034**

Date In: 15/1/18 - 12:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000896/24	SAS e-filing		
Veh No: SLU6737R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/1/18 - 14:35	i-Motor Claim Form	M7/0977957	15/1/18 19:32
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: SLU2659L	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

NA1800358	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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		
	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Dat. 2 / 3:	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 ability.
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 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	15/01/2018 12:03
Date Of Accident	13/01/2018 14:35
Exact Location Of Accident	ALONG AIRPORT BOULEVARD TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6737R
Insured/Policyholder	
Name Of Registered Owner	FONG MUI TRADERS PTE LTD
Co Reg No	200508042Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64539136

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093532458
Cover Note Number	

Driver

Name of Driver	TAN KIAN HONG (CHEN JIANHONG)
NRIC No	S8827097E
Date Of Birth	28/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97660776
Fax Number	
Contact Number	OFFICE-97660776
Email Address	NOEMAIL

Address	BLK 168 PETIR ROAD #19-132
Postcode	670168
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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: : - GENDER: : MALE

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

REFER TO 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	SLK2659L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD FIRDAUS BIN ISHAK
NRIC/Passport Number	S9234462B
Contact Number	93295926
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN KIAN HONG (CHEN JIANHONG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLU6737R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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

→ →

B

A

ECP towards City

A - SLU6737R

B - SLK2659L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 Jan 2018, time 1436, toward city when the front vehicle slow down. I also slow down my vehicle and SLK 2659L bang onto my rear of my vehicle SLU6737R.

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.:

Reported on 13/11/2018
@ 1623 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (13/01/2018) (DD/MM/YYYY), TIME: (14:35) (HH:MM)

LOCATION: ECP toward city.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 6737R
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

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9766 0776
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) HIRED
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) ? slight

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK2659L MODEL: _____
b) DRIVER'S NAME: MUHAMMAD FIRDAUS BIN ISHAK
c) NRIC/FIN/PASSPORT: S9234462B CONTACT: 93295926

9. THIRD PARTY VEHICLE

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

gary1212@hotmail.com

Email = Jeff. tan. ug88@gmail.com

fax = gary1212@hotmail.com
Jeff. tan. ug88@gmail.com

Waiting for Company Chop,
& Police Report?

*No of passenger
(including driver)
(2)

Passenger
NIL
Male

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

*Private Hire
*Video
*Test
*revert

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8827097E



Name
TAN KIAN HONG
(CHEN JIANHONG)
陳建宏

Race
CHINESE

Date of Birth
28-07-1988

Sex
M

Country of Birth
SINGAPORE

3379248

3379248



NRIC No. S8827097E



Blood Group
-

Date of Issue
02-08-2003

APT BLK 168 PETIR ROAD #13-132
SINGAPORE 670168

NRIC No: S8827097E Date: 28-06-2004 (R) No: 5003109

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8827097E

Name
TAN KIAN HONG
(CHEN JIANHONG)

Birth Date: 28 Jul 1988

Issue Date: 03 Aug 2010




001551022B


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	03 Aug 2010
Class 4	Motor vehicles which are constructed to carry load of passengers and the unladen weight > 2500kg	03 Aug 2010
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

NP 428A

Licence No: S8827097E



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093532458	FONG MUI TRADERS PTE LTD	200508042Z	GFT	drivo PREMIUM	SLU6737R	SLU6737R	11/12/2017	

▼ Policy Information

Policy No.	5093532458	Policyholder Name	FONG MUI TRADERS PTE LTD	Policyholder NRIC	200508042Z
Address	8 TAGORE DRIVE #01-00 TECHNIQUES BUILDING SINGAPORE 787624				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/08/2017	Effective Date	18/08/2017 00:00	Expiry Date	09/08/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 TAGORE DRIVE	Address 2	#01-00 TECHNIQUES BUILDING	Address 3	SINGAPORE 787624
Address 4		Address Type	Singapore address	Post Code	787624
Unit No.	01-00	Related Policy Number	5097056253		

► Insured Object: SLU6737R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/08/2017 00:00	Basic Information Endorsement	000001286622316	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Aug 2017, the Chassis Number BM5FP302952 is amended as follows: CHASSIS NUMBER: BM5FP301952
2	18/08/2017 00:00	Basic Information Endorsement	000001286621101	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. ZYX102008808 23-08-2017 \$1,712.94 2. ZYX102003339 23-08-2017 \$1,712.94 In view of this amendment, an additional premium of \$3,425.88 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the

Claim Handling

Exit

Accident MT/0977957

Policy No.	5093532458	Vehicle No.	SLU6737R	GST Registration No.	2005080422
Policyholder Name	PONG MUI TRADERS PTE LTD			Policyholder NRIC	2005080422
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64539136	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
KPK	<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

▼ Accident Details

Report Date	15/01/2018 19:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/01/2018	Time of Accident hh:mm	14:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AIRPORT BOULEVARD TWDS ECP				

▼ Beneficiaries

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	10/04/2017
GST Registration No.	2005080422	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	8 TAGORE DRIVE	Address 2	#01-00 TECHNIQUES BUILDING	Address 3	SINGAPORE 787624
Address 4		Address Type	Singapore address	Post Code	787624
Unit No.	01-00	Related Policy Number	5097056253		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/07/1988
Unnamed driver Name	TAN KIAN HONG (CHEN JIANHC)	Driver NRIC	S8827097E	Driving Experience	7
Register Date of Driver License	03/06/2010	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	97660776	Contact No.(Office)	0	Address 1	SINGAPORE 670168
Address 1	BLK 168	Address 2	PETER ROAD	Post Code	670168
Address 4		Address Type	Singapore address		
Unit No.	19-132				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PONG MUI TRADERS PTE LTD	Insured NRIC	2005080422
Contact No.(Mobile)	96873881	Contact No.(Home)		Contact No.(Office)	65544137
Email Address		OI Vehicle Number	SLU6737R	TP Vehicle Number	SLK2659L
Claim Description	SLU6737R / SLK2659L ON 13 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/01/2018 00:00
Date Registered	15/01/2018 19:32	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0977957	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2018 19:33

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

☐ Send Message Upload

▼ Attachment List

Attachment	uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	SAS		Normal	SAS 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 19:33	Photos		Normal	Photos 2018-1-15		Edit
 Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
Display in New Window		Scan and uploading					