

NATIONAL Assessment Centre Services

[Ref: 1 Jan 2005]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 07/02/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18002437/13 | SAS e-filing | | |
| Veh No: SLG91086 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A. 05/02/18 1820 | I-Motor Claim Form | MT/0981401 | |
| 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: FC5890C | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1800834 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | Int Bill | Add Bill |
| 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) FT: 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 (N'n 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 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 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 | 07/02/2018 10:32 |
| Date Of Accident | 05/02/2018 18:20 |
| Exact Location Of Accident | JUNC OF KALLANG RD & HORNE RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SLC9108G |
| Insured/Policyholder | |
| Name Of Registered Owner | ACOUSTICS RIDE |
| Co Reg No | 53333131E |
| Email Address | ACOUSTICS.RIDE@GMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96239280 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | SHUTTLE |
| 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 | 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 | 5095048128 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | WONG LOKE CHUAN(WANG LUQUAN) |
| NRIC No | S7117945A |
| Date Of Birth | 18/05/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/02/1990 |
| Driving Experience | 27 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96239280 |
| Fax Number | |
| Contact Number | |
| Email Address | ACOUSTICS.RIDE@GMAIL.COM |

Address BLK 272D SENGKANG CENTRAL
#11-349
Postcode 544272
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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
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) 3
Passenger 1
NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 2
NAME: : UNKNOWN
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

EXIT HORNE RD TO KALLANG RD, STOP AND CHECK IN JUNCTION YELLOW BOX. VIEW CLEAR AND PROCEED TO MOVE OUT. FC5890C FROM KALLANG RD BANG ON MY CAR FROM RIGHT SIDE. THERE WAS NO INJURIES.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FC5890C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
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.
- 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 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.



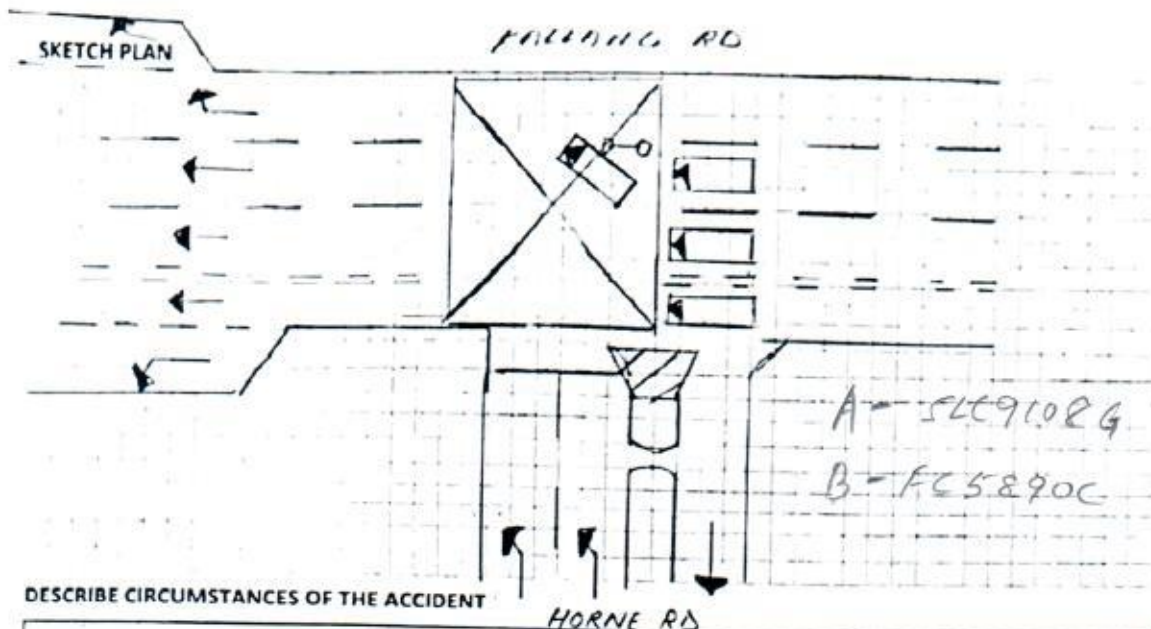
Policyholder's Signature
Date & Time

[Signature]

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

6/2/18
11:50 pm

[Signature] 07/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Exit Horne road to Kallang road. Stop and check in junction box, view clear and proceed to move out.

FC5890C bang on my car from rear ^{right} side of car.

no injuries.

DECLARATION

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



Chinnam

Driver's Signature
(If driver is not the policyholder)

Date & Time: 6/2/18
11:50 pm

2/ym 07/02/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 5/2/2018 (DD/MM/YYYY), TIME: 18:20 (HH:MM)

LOCATION: HORNE ROAD / KALLANG (YELLOW BOX)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 9108 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5095048128
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA SHUTTLE
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
 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: WONG LOKE CHUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 96239280 CONTACT: 96239280
 c) ADDRESS: BLK 272D, SENG KANG CENTRAL, #11-349
SC 5442727

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG LOKE CHUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 97179454 CONTACT: 96239280
 c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: 18/05/1991 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 28 yrs

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) / MALE / FEMALE

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FC5890 C MODEL: VESPA
 b) DRIVER'S NAME: unknown
 c) NRIC/FIN/PASSPORT: unknown CONTACT: unknown

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
(3)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

06/02/18

waiting for
 company stamp

Email = acousticsride@gmail.com
 fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7117945A**
 Name: **WONG LOKE CHUAN (WANG LUQUAN)**
 Birth Date: **18 May 1971**
 Issue Date: **05 Apr 2007**

001489491C



REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S7117945A**


Name: **WONG LOKE CHUAN (WANG LUQUAN)**
 王 禄 铨
 Race: **CHINESE**
 Date of birth: **18-05-1971** Sex: **M**
 Country of birth: **SINGAPORE**




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


| | | |
|----------|---|-------------|
| Class 2B | Motorcycles \leq 200 CC | 19 Jun 2006 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 27 Mar 2007 |
| Class 2 | Motorcycles $>$ 400 CC | 17 Jun 2008 |
| Class 3 | Motor cars \leq 3600 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg | 21 Feb 1990 |

S7117945A

S / No. 9000071606

NP 428A

Licence No: S7117945A



4914455



NRIC No: **S7117945A**


 Date of issue: **17-12-2012**

APT BLK 272D SENGKANG CENTRAL #11-349
SINGAPORE 544272
 NRIC No: **S7117945A** Date: **26/09/2016**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

06/02/2018 11:31

SLC9108G

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5095048128 | ACOUSTICS RTDE | 53333131E | GPC | drivo CLASSIC | SLC9108G | SLC9108G | 07/11/2017 | 06/11/2018 |

Claim Handling

Accident MT/0981401

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----|
| Policy No. | 5095048128 | Vehicle No. | SLC9108G | GST Registration No. | |
| Policyholder Name | ACOUSTICS RIDE | | | Policyholder NRIC | 533 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96239280 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| 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 | No |

▼ Accident Details

| | | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|------|
| Report Date | 07/02/2018 14:48 | Accident Report Within 24 hrs | Yes | Accident Type | Side |
| Date of Accident | 05/02/2018 | Time of Accident hh:mm | 18:20 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNC OF KALLANG RD & HORNE RD | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|--|
| Own damage Excess | 2,000.00 | Additional Excess | 0.00 | Windscreen Excess | |
| 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 | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | No |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-----|
| Address 1 | BLK 272D #11-349 | Address 2 | SENGKANG CENTRAL | Address 3 | ATR |
| Address 4 | SINGAPORE 544272 | Address Type | Singapore address | Post Code | 544 |
| Unit No. | 11-349 | Related Policy Number | 5095048128 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | WONG LOKE CHUAN(WANG LUQ | Driver NRIC | S7117945A | Driver DOB | 18/C |
| Register Date of Driver License | 21/02/1990 | Driver Age | 46 | Driving Experience | 27 |
| Contact No.(Mobile) | 96239280 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 272D | Address 2 | SENGKANG CENTRAL | Address 3 | ATR |
| Address 4 | SINGAPORE 544272 | Address Type | Singapore address | Post Code | 544 |
| Unit No. | #11-349 | | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX

New

| | | | | | |
|---|----------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type * | OD-MX | Insured Name | ACOUSTICS RIDE | Insured NRIC | 533 |
| Contact No.(Mobile) | 96281205 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SLC9108G | TP Vehicle Number | FC51 |
| Claim Description | SLC9108G / FC5890C ON 5 Feb 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Rec |
| Date Registered | 07/02/2018 14:57 | Claim Close Date | | Date Received | 07/C |
| Report Taken By | ROSINDA | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save

Submit

Attachment

2/7/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0981401

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

07/02/2018 00:00

Path *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

Category *

Confidential

Urgency *

| | | | |
|-----------------------|-------------------------------|--------------------|------------------------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|-------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:57 | NRIC/ Driving License | Normal | NRIC/ Driving Lic |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:57 | SAS | Normal | SAS 201 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:57 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:56 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:56 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:56 | Photos | Normal | Photos 20 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:56 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:55 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:55 | Photos | Normal | Photos 20 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:55 | Photos | Normal | Photos 20 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 14:55 | Photos | Normal | Photos 20 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

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