

Date In: 27/12/18 17:33	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18003795/164	E-mail (within 48hrs. AIC 2hrs)		
Veh No: SLW 607 L	I-Motor Claim Form: M7/0983945	27/12/18 17:50	
D.O.A: 25/12/18 22:45	I-Motor W/O (within 48hrs. AIC 2hrs)		
OD <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner When		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SLA 7278 Y	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note-Est. Status (WO): N: 0-10%; 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

NA1801265	Invoice Preparation Checklist:	Part C Sub E	Part D Sub E
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40.00		
Damaged Portion:	4) FT: Follow-Through Survey \$100		
	5) FT: Follow-Through Survey (Resurvey) \$100		
	For claiming at least INC Only (see AIC 2hrs)		
	6) TR: Re-inspection \$75		
	7) NI: H&A DA - SMP Survey \$50		
	8) NTUC Additional Services:		
	QC:		
	*NI: Courtesy Car / Tpl Allowance \$2		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$20		
	*NI: DV / Collision Excess Coordination \$1		
	TP (NI) - TP Non-INC against INC \$20		
	9) NI: H&A Notice \$1		
QC Checked by (Engr-In-Charge):	Invoice total	Fee Charged	
Auditors' Comments:-	Invoice total	Fee Charged	
Ref 1:			
Ref 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 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	27/02/2018 17:33
Date Of Accident	25/02/2018 22:45
Exact Location Of Accident	ALONG SIMS AVE TWDS SIMS AVE EAST L/P 27
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW607L
Insured/Policyholder	
Name Of Registered Owner	LIM TECK
NRIC No	S8304375Z
Email Address	GLLO83_7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93519802
Alternative Phone No	OFFICE-93519802

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097855738
Cover Note Number	-

Driver

Name of Driver	LIM TECK
NRIC No	S8304375Z
Date Of Birth	24/01/1983
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93519802
Fax Number	
Contact Number	OFFICE-93519802
Email Address	GLLO83_7@HOTMAIL.COM

Address	BLK 44 SIMS DR #11-171
Postcode	380044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	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

PLEASE REFER TO 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	SLA7278Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN YIQIAN
NRIC/Passport Number	S8709888E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

DETAILS OF INJURED PERSON 1

Name	LIM TECK
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK PAIN

SLW607L

YES

NO


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:


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


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

SKETCH PLAN

A = SLW 607 L
B = SLA 7278 Y

Lot 13 Geylang

Sims Ave twds Sims Ave E

A = SLW 607 L
B = SLA 7278 Y

Lor 13 Geylang

Sims Ave twds Sims Ave E

Please Refer to statement

Please Refer to statement

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.: _____

I WAS TRAVELLING ALONG SIMS AVE TWDS SIMS AVE E NEAR LOR 13 GEYLANG. WHEN TRAVELLING STRAIGHT ON THE LEFT MOST LANE, I NOTICED VEH B (BEARING NO SLA7278Y) FROM THE THIRD LANE CUT ACROSS TWO LANE INTO MY LANE, I SOUNDED MY HORN BUT THE VEH B NEVER NOTICED AND HIT ONTO MY VEH RIGHT HAND SIDE.

waiting photo.

ACCIDENT STATEMENT

ACCIDENT DATE: (25/ 2/ 18) (DD/MM/YYYY), TIME: (22: 45) (HH:MM)

LOCATION: Along Sims Ave twos Sims Ave East LP 27

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 607 L
b) INSURANCE COMPANY: INC
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: Private use
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: Lim teck (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93519802
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(Including driver)
(1)

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) neck pain

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

8. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
(3)

- a) VEHICLE NUMBER: SLA 7278 Y MODEL: _____
b) DRIVER'S NAME: chen Yi Qian
c) NRIC/FIN/PASSPORT: 58709888 E CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

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

camera: No.

Email = GLL083-7 @ HOTMAIL.COM

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8304375Z**

Name: **LIM TECK (LIN DE)**

Birth Date: **24 Jan 1983**

Issue Date: **05 Mar 2007**

001482273G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8304375Z**



Name: **LIM TECK (LIN DE)**
林 德

Race: **CHINESE**

Date of birth: **24-01-1983**

Sex: **M**

Country of birth: **SINGAPORE**





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

		PASS DATE
Class 3	Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg	20 Jul 2004
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	12 Jun 2006
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

Licence No: S8304375Z

NP 428A



NRIC No. **S8304375Z**

Date of issue: **10-07-2007**

APT BLK 44 SIMS DRIVE #11-171
SINGAPORE 380044

NRIC No: **S8304375Z** Date: **16/09/2017**




Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

25/02/2018 16:39

Vehicle No.(For Motor)

SLW607L

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097855738	LIM TECK	S8304375Z	GPC	drivo CLASSIC	SLW607L	SLW607L	07/02/2018	06/02/2019

Claim Handling

Accident MT/0983945

Policy No.	5097855738	Vehicle No.	SLW607L	GST Registration No.	
Policyholder Name	LIM TECK			Policyholder NRIC	S831
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	93519802	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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	No

▼ Accident Details

Report Date	27/02/2018 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	25/02/2018	Time of Accident hh:mm	22:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SIMS AVE TWDS SIMS AVE EAST L/P 27				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 44 #11-171	Address 2	SIMS DRIVE	Address 3	SIM
Address 4	SINGAPORE 380044	Address Type	Singapore address	Post Code	3800
Unit No.	11-171	Related Policy Number	5097855738		

▼ OI Driver Info

Driver Name	LIM TECK (LIN DE)	Driver Type	Main Driver	Driver DOB	24/0
Unnamed driver Name		Driver NRIC	S8304375Z	Driving Experience	13
Register Date of Driver License	20/07/2004	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	93519802	Contact No.(Office)		Address 3	SIM
Address 1	BLK 44 #11-171	Address 2	SIMS DRIVE	Post Code	3800
Address 4	SINGAPORE 380044	Address Type	Singapore address		
Unit No.	11-171				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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
-------------------------------------	------	-------------	---

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LIM TECK	Insured NRIC	S831
Contact No.(Mobile)		Contact No.(Home)	67885132	Contact No.(Office)	
Email Address		OI Vehicle Number	SLW607L	TP Vehicle Number	SLA
Claim Description	SLW607L / SLA7278Y ON 25 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/0
Date Registered	27/02/2018 17:47	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

2/27/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0983945

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

27/02/2018 17:50

Path *

Category *

Confidential

Urgency *

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

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	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:49	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 17:48	Photos	Normal	Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27
Feb 2018 17:48

Photos

Normal

Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27
Feb 2018 17:48

Photos

Normal

Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27
Feb 2018 17:48

Photos

Normal

Photos 20:

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27
Feb 2018 17:48

Photos

Normal

Photos 20:

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading