

# NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MAA 118055431

Date In: 27/4/18 14:47	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 18007781164	SAS e-filing		
Veh No: 6BG 9578E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/4/18 14:45	i-Motor Claim Form	MT/0992185-001	28/4/18 09:27
OD: TP: <u>Reporting</u> 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: SKK 3045M	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MA1802677	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$0		
	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	27/04/2018 14:47
Date Of Accident	21/04/2018 14:45
Exact Location Of Accident	JURONG WEST MULTISTOREY CARPARK BLK 962A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9578E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PN-DATA PTE LTD
Co Reg No	199403755G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91176049
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096642657
Cover Note Number	-

### Driver

Name of Driver	NEO TECK HENG
NRIC No	S1491518D
Date Of Birth	08/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91176049
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address BLK 298B COMPASSVALE ST #11-166  
 Postcode 542298  
 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 involved in the accident  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance?  
 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 SKK3045M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 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.

X

Policyholder's Signature  
Date & Time: \*



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

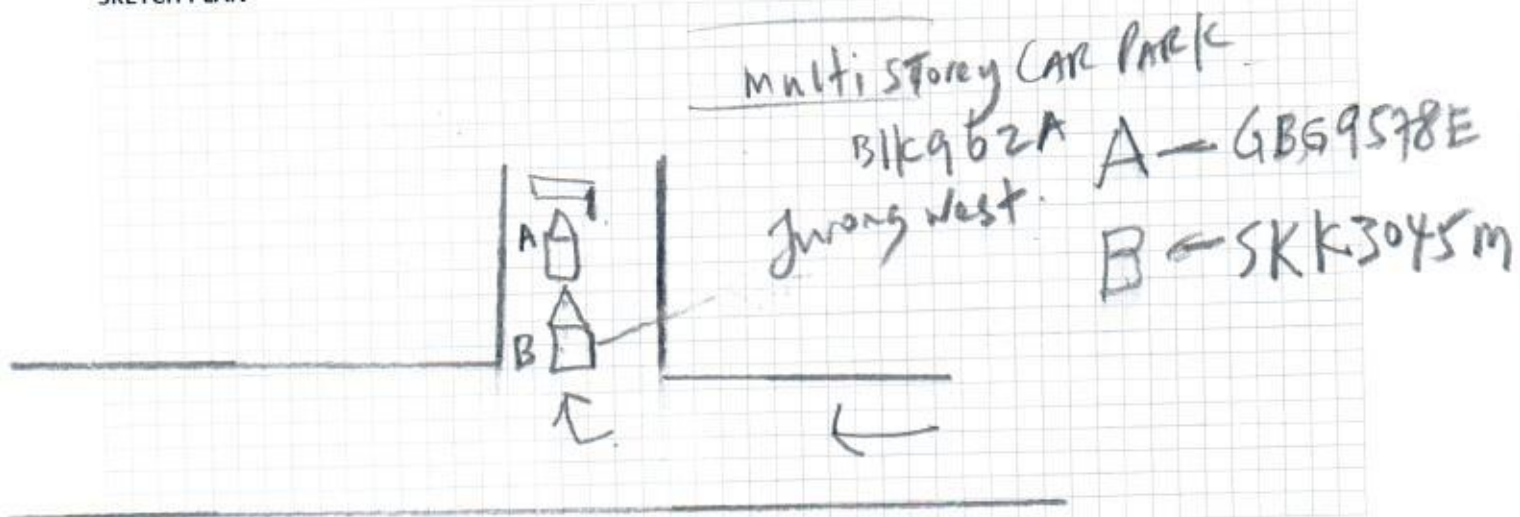
*[Handwritten Signature]*

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

*[Handwritten Signature]*



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopping  
Vehicle A was ~~reaching~~ the car park gantry  
then because the car park was only  
1.8m which my van is too high to  
park, so I reverse my vehicle and  
hit against vehicle B.  
my van damage was just a  
slight right bumper dented.

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 24/4/2018  
@ 1335 HRS

# ACCIDENT STATEMENT

ACCIDENT DATE: 21/4/2018 (DD/MM/YYYY), TIME: 14:45 (HH:MM)  
LOCATION: Jurong West Multistorey Carpark Bk 962A

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBG 9578E  
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

\* No. of passengers  
(including driver)  
(1)

DRIVER  
a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91176049  
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) OWN CO  
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. c) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

\* No. of passengers  
(including driver)  
( )

a) VEHICLE NUMBER: SKF 3045M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ MODEL: \_\_\_\_\_  
9. THIRD PARTY VEHICLE  
d) VEHICLE NUMBER: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_

\* No. of passengers  
(including driver)  
( )

On 27/4/2018  
the driver will  
send the DL?

Email = pndatasg@gmail.com  
Fax = pndatasg@gmail.com

Waiting for Company Chop &  
OK and Vehicle Photos? Phone Photo 1 Taken OK

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1491518D



Name

NEO TECK HENG

梁德興

Race

CHINESE

Date of birth

08-02-1961

Sex

M

Country/Place of birth

SINGAPORE



5873712



NRIC No. S1491518D



Date of issue

19-02-2018

Address

APT BLK 298B COMPASSVALE STREET  
#11-166  
SINGAPORE 542298



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Name: NEO TECK HENG

Birth Date: 08 Feb 1961

Issue Date: 29 Nov 2017

002748660H



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  29 Nov 2017

NP 428A





Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

21/04/2018 14:45

Vehicle No. (For Motor)

GBG9578E

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096642657	PN-DATA PTE LTD	199403755G	GCV	Preferred Workshop Plan	GBG9578E	GBG9578E	18/12/2017	17/12/2018

## ▼ Policy Information

Policy No.	5096642657	Policyholder Name	PN-DATA PTE LTD	Policyholder NRIC	199403755G
Address	BLK 3025 UBI ROAD 3 #03-127 SINGAPORE 408653				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/12/2017	Effective Date	18/12/2017 00:00	Expiry Date	17/12/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	3014A UBI ROAD 1	Address 2	#06-07 null	Address 3	SINGAPORE 408703
Address 4		Address Type	Singapore address	Post Code	408703
Unit No.	06-07	Related Policy Number	5096642657		

## ▶ Insured Object: GBG9578E

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/12/2017 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 18 Dec 2017 TO 17 Dec 2018
2	18/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Dec 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 18 Dec 2017 TO 17 Dec 2018 2. VEHICLE REGISTRATION NUMBER: GBG9578E 3. ORIGINAL REGISTRATION DATE: 18 Dec 2017

Continue

Cancel



## Claim Handling

Accident MT/0992185

Policy No.	5096642657	Vehicle No.	GBG9578E	GST Registration No.	
Policyholder Name	PN-DATA PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	199403755G
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91176040	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	28/04/2018 09:23	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	21/04/2018	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST MULTISTOREY CARPARK BLK 962A				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	3014A UBI ROAD 1	Address 2	#06-07 null	Address 3	SINGAPORE 408703
Address 4		Address Type	Singapore address	Post Code	408703
Unit No.	06-07	Related Policy Number	5096642657		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/02/1961
Unnamed driver Name	NEO TECK HENG	Driver NRIC	S1491518D	Driving Experience	0
Register Date of Driver License	29/11/2017	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	91176049	Contact No.(Office)		Address 3	COMPASSVALE GREEN
Address 1	BLK 298B #11-166	Address 2	COMPASSVALE STREET	Post Code	542298
Address 4	SINGAPORE 542298	Address Type	Singapore address		
Unit No.	11-166			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	PN-DATA PTE LTD	Insured NRIC	199403755G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67430956
Email Address		O1 Vehicle Number	GBG9578E	TP Vehicle Number	SKK3045M
Claim Description	GBG9578E / SKK3045M ON 21 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/04/2018 09:26	Claim Close Date		Date Received	28/04/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/0992185	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	28/04/2018 09:27
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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	

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	SAS	Normal	SAS 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:27	Photos	Normal	Photos 2018-4-28
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:26	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:26	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:26	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:26	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:26	Photos	Normal	Photos 2018-4-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Apr 2018 09:26	Photos	Normal	Photos 2018-4-28

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Scan and uploading