

NATIONAL Assessment Centre Services. (mt 1 11009)

Date: 13/06/2018 10:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18010805/14	Gas chilling		
Veh No: SLH9968P	Small (width 3m, A/C 2m)		
DOA: 12/06/2018 15:20	Motor Claim Form	MT/0998612-00	14/6/18 11:00
QC TP Reporting Only	Motor W/O (width 100 mm, 1/100)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assessment Report by RAY/Hand to Owner/VVHSD		

Preferred Wksp / INC Assgn Wksp / OW:	Tel:	Fax:
TP Particulars	Yell No: SGL6534	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: Bil Status (WO): N: 0.20%; P: 21.79%; P: 30.100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess (\$)	Loading \$1,000 () / \$2,000 ()	

General Remarks:

() Work-In-Coverage: Customer's Information strictly Confidential & strictly NO color of reporter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: UNP ball line 6788000

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check/Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Order No.	Action

NA 1803718	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (330)
Policy No:	2) DA: Damage Assessment (3100) INC (40)
Assigned Position:	3) TP: Towing Fee (20/10)
	4) FT: Follow Through Survey (110)
	5) FT: Follow Through Survey (Recovery) (110)
	6) TR: Assessment (11)
	7) NTUC: Add'l SMRT Survey (110)
	8) NTUC: Add'l Survey (100)
	9) NTUC: Add'l Survey (100)
	10) NTUC: Add'l Survey (100)
	11) NTUC: Add'l Survey (100)
	12) NTUC: Add'l Survey (100)
	13) NTUC: Add'l Survey (100)
	14) NTUC: Add'l Survey (100)
	15) NTUC: Add'l Survey (100)
	16) NTUC: Add'l Survey (100)
	17) NTUC: Add'l Survey (100)
	18) NTUC: Add'l Survey (100)
	19) NTUC: Add'l Survey (100)
	20) NTUC: Add'l Survey (100)

Checked by (Bug-In-Charge):

Comments:

Signature:

Date:

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	13/06/2018 10:18
Date Of Accident	12/06/2018 15:20
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9968P
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	KENNY@STILLUSION.SG
Mobile Phone No	(LOCAL) +65-92228698
Alternative Phone No	OFFICE-92228698

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY
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	5079864471-02
Cover Note Number	

Driver

Name of Driver	PEK CHIN CHEONG KENNY
NRIC No	S7401170E
Date Of Birth	21/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92228698
Fax Number	
Contact Number	OTHERS-92228698
EMail Address	KENNY@STILLUSION.SG



Address	BLK 477C UPPER SERANGOON VIEW
	#16-576
Postcode	533477
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	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)	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

PLS REFER TO THE 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	SGL653U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	M SURIYAA
NRIC/Passport Number	S8839253A
Contact Number	90986671
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.

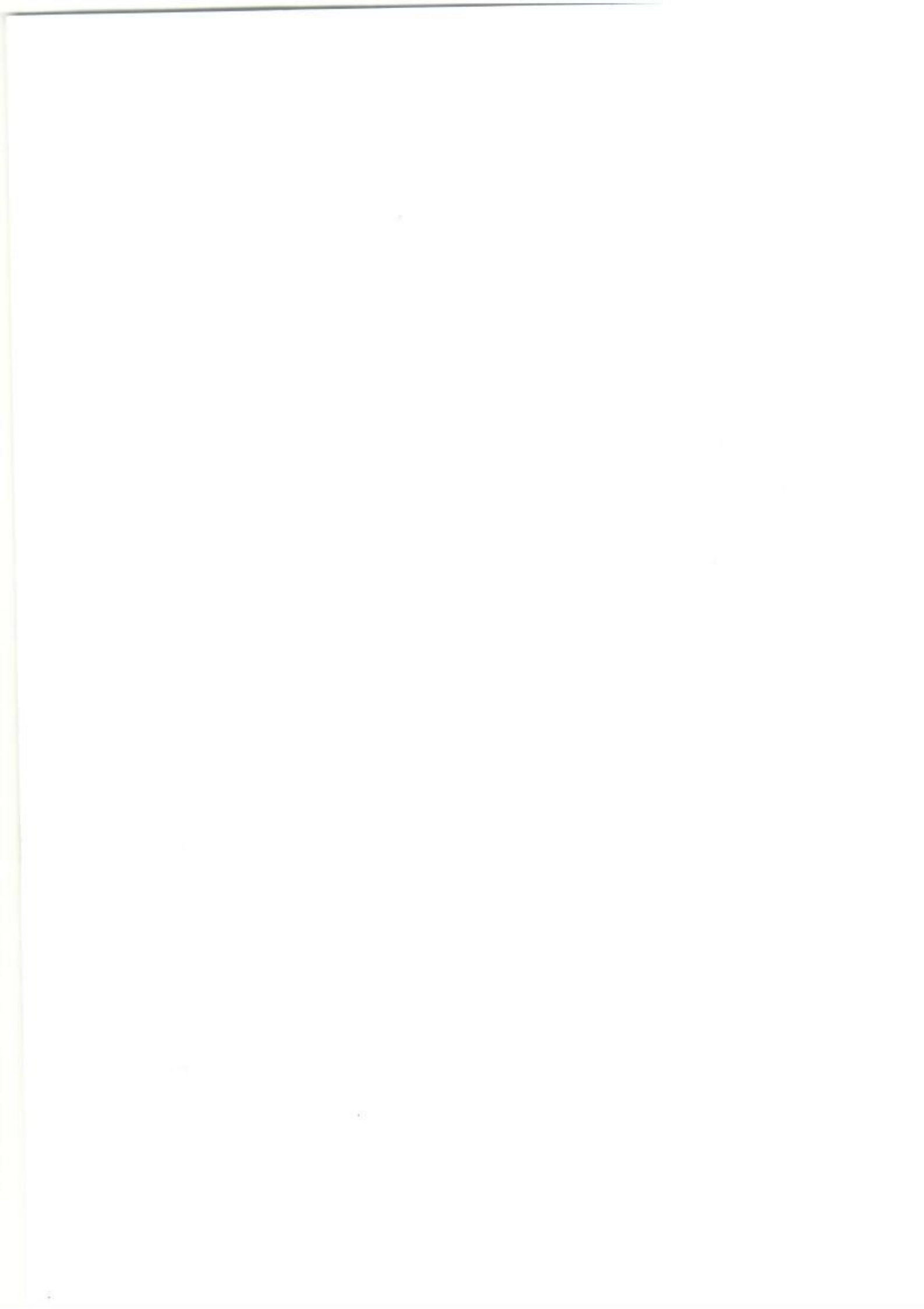


Policyholder's Signature
Date & Time:

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

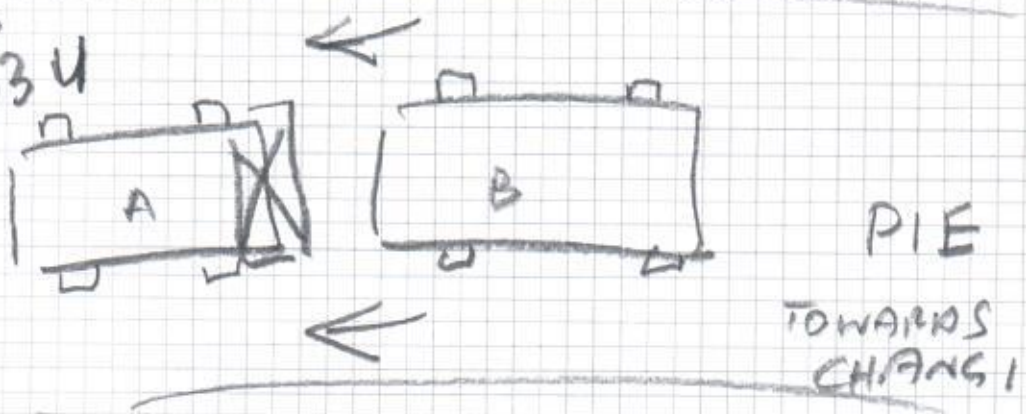
12/6/18

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



SKETCH PLAN

A - SLH9968P
B - SGL 6534



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A WAS DRIVING ALONG PIE TOWARDS CHANGI,
BEFORE ONRAT ROAD EXIT 18 NEAR TOA PAYOH
AND WAS HIT FROM BEHIND BY VEHICLE B.
VEHICLE B WAS DRIVING CLOSE FROM
BEHIND RESULTING THIS ACCIDENT

DECLARATION

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

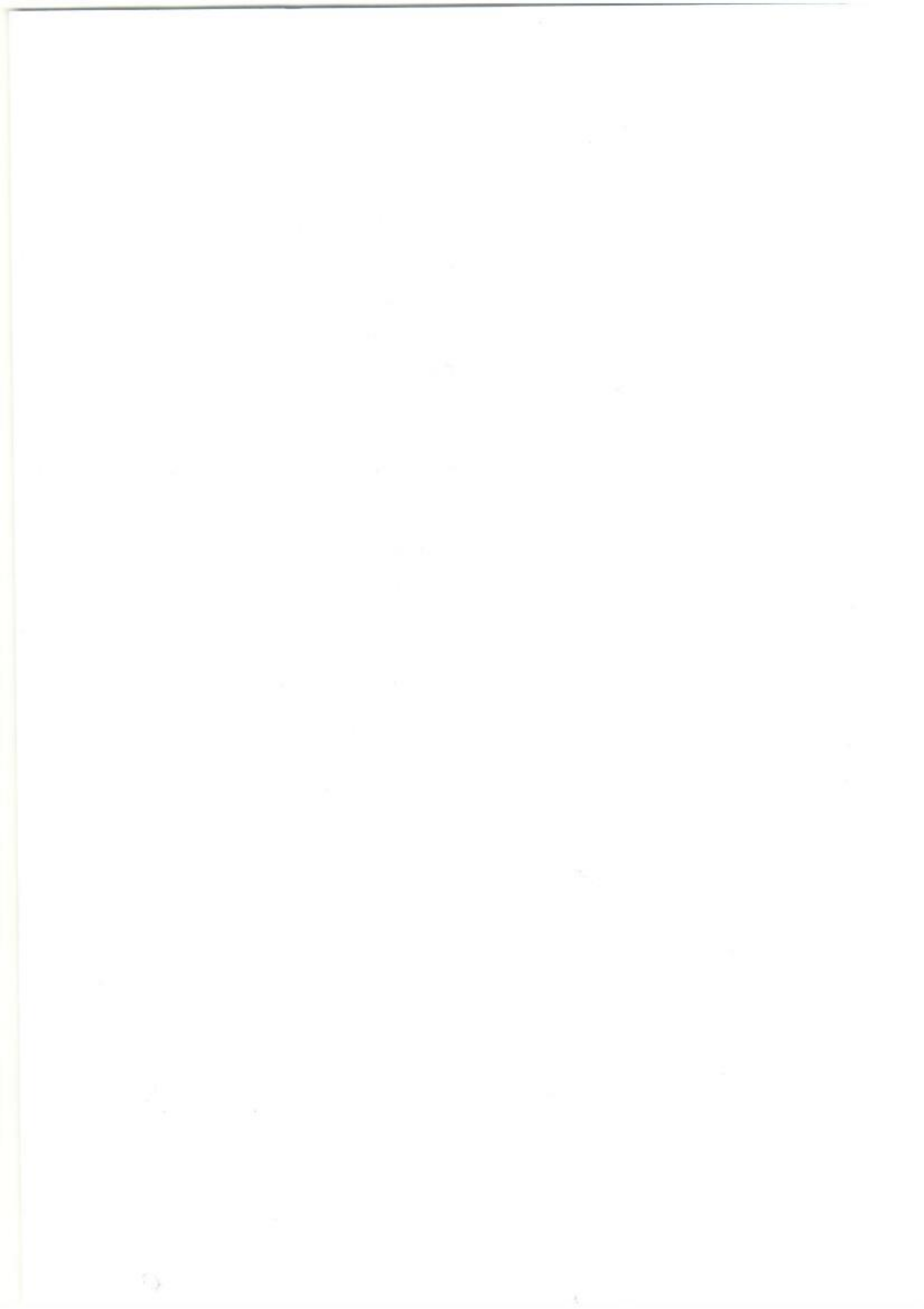
Policyholder's Signature
Date & Time:

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

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

12/6/18

13/6/2018



ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 6 / 2018) (DD/MM/YYYY), TIME: (15:20) (HH:MM)

LOCATION: PIE towards Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH9968P
 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. & IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 92228698
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRER

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. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGL6534 MODEL:
 b) DRIVER'S NAME: M SURIYAA
 c) NRIC/FIN/PASSPORT: S88391253A CONTACT: 90986671

9. THIRD PARTY VEHICLE

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

* Private Hire

* Call no response on 13/6/2018 @ 1600hrs.

Email = Support @ tribecar.com

Fax =

Kenny @ stillusion.sg

Support @ tribecar.com

* 13/6/2018 @ 1600hrs
 * Driver call and inform that no need police report and send what the driver as written on the sketch plan

Waiting for Company Chop & Police Report ? *



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7401170E



Name
PEK CHIN CHEONG KENNY

白 进 章

Race
CHINESE

Date of birth
21-01-1974

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7401170E


Name
PEK CHIN CHEONG
(BAI JINZHANG)

Birth Date 21 Jan 1974

Issue Date 03 Dec 2003




3528348

NRIC No S7401170E

Date of issue
07-05-2004

APT BLK 477C UPPER SERANGOON VIEW #16-576
SINGAPORE 533477

NRIC No: S7401170E Date: 10/07/2015


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

PASS DATE
14 Oct 1999

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S7401170E

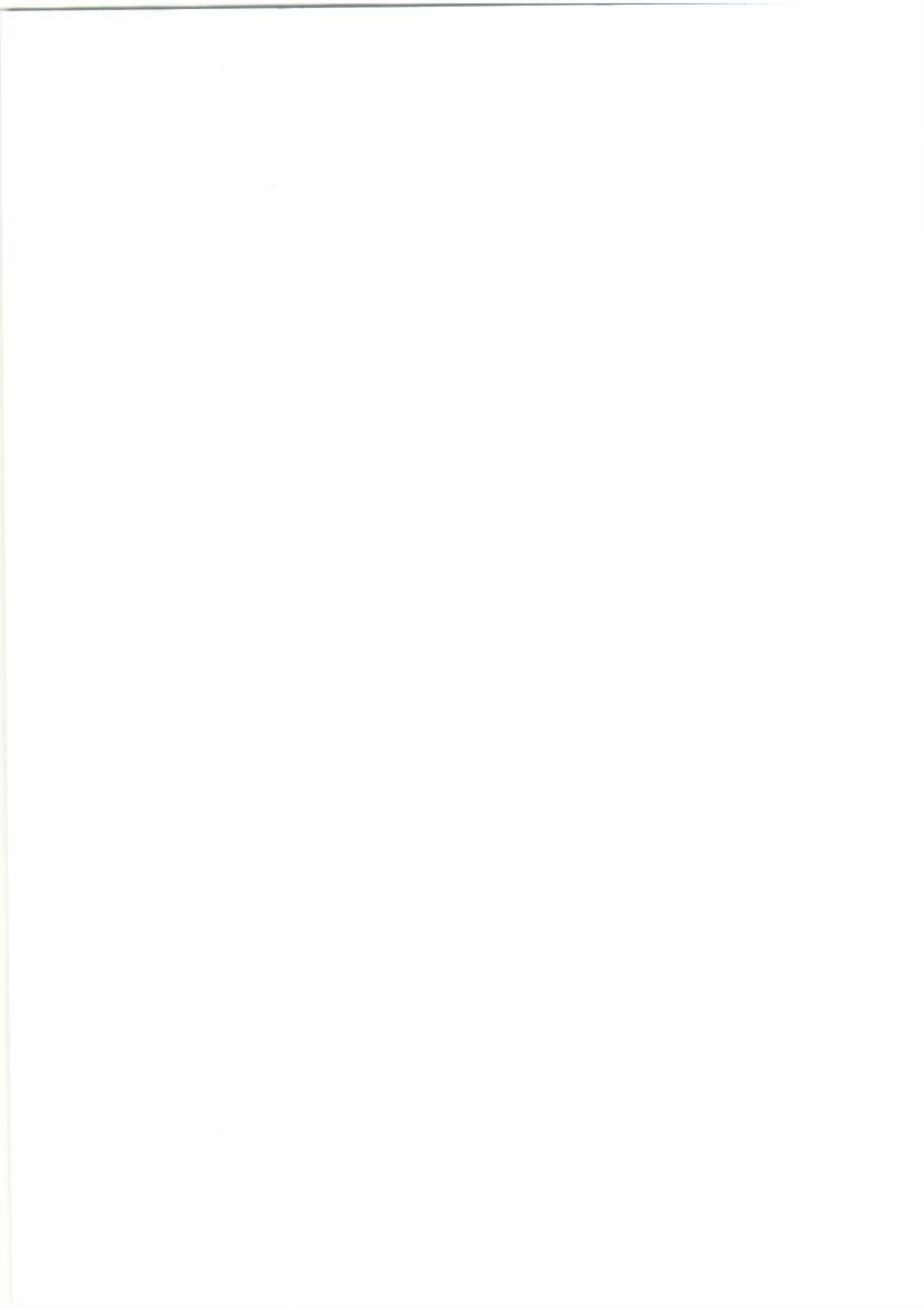


Hello, NAC_PAYA_UBI_800601

[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="12/06/2018 15:20"/>						
Vehicle No.(For Motor)	<input type="text" value="SLH9968P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079864471-02	AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drive CLASSIC	SLH9968P	SLH9968P	26/04/2018	
<input type="button" value="Continue"/>									



▼ Policy Information

Policy No.	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Third Party Excess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	13815.20		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

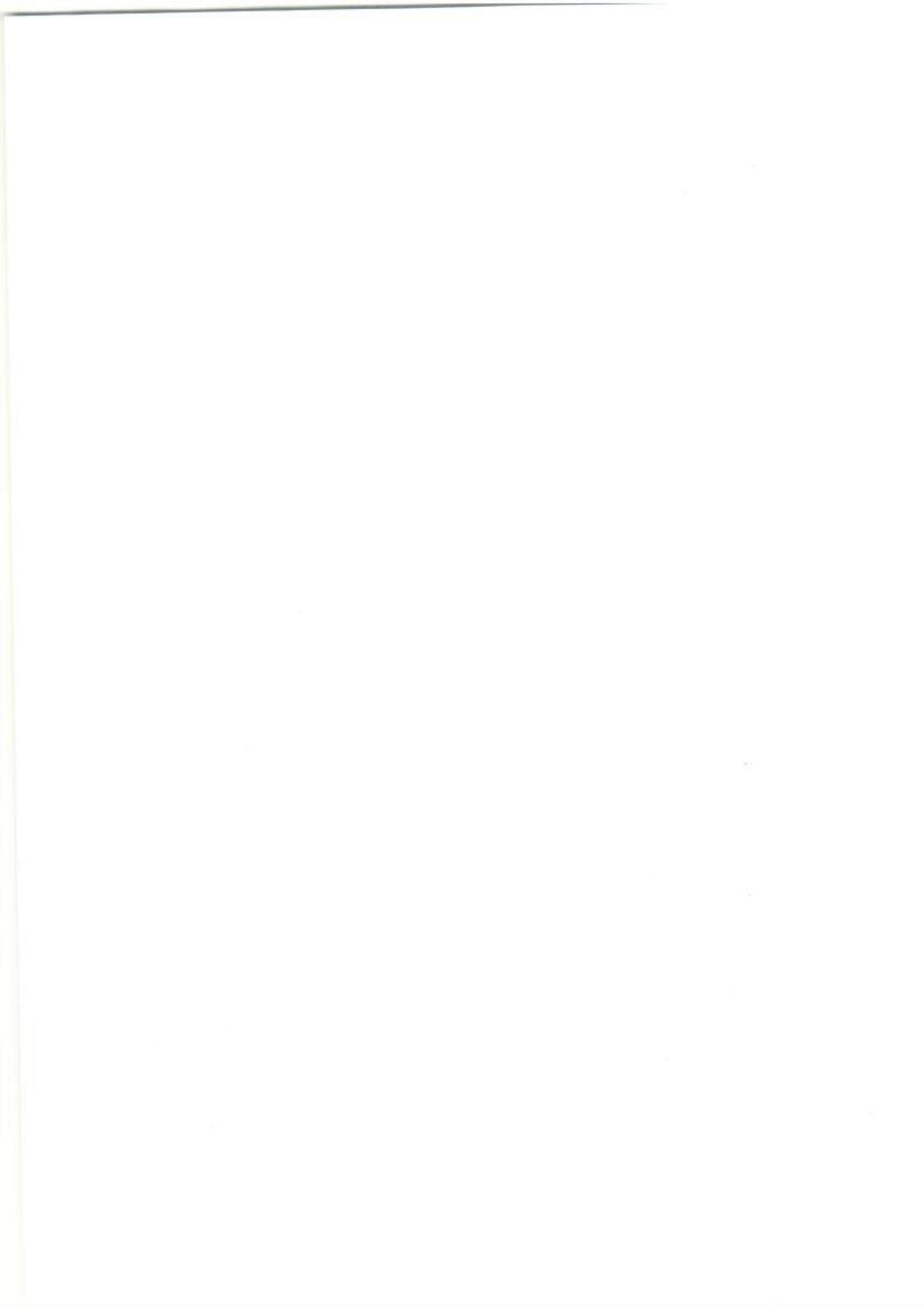
▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		

► Insured Object: SLH9968P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2018 00:00	Basic Information Endorsement	000001286794596	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKD8673D 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.
2	18/05/2018 00:00	Basic Information Endorsement	000001286820188	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLC514B 18-05-2018 \$1,747.29 2. SLC6456X 18-05-2018 \$1,747.29 3. SLC693S 18-05-2018 \$1,747.29 4. SLD363P 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$6,989.15



Claim Handling

The premium on this policy has not been collected.

Accident MT/0998612

Policy No.	5079864471-02	Vehicle No.	SLH9968P	GST Registration No.	
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	92228698	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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
Accident Details					
Report Date	14/06/2018 09:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	12/06/2018	Time of Accident hh:mm	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI				
Benefits					
Excess					
Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	LOT38	Related Policy Number	5079864471-02		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PEK CHIN CHEONG KENNY	Driver NRIC	S7401170E	Driving Experience	
Register Date of Driver License	14/10/1999	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	92228698	Contact No.(Office)	0	Address 3	
Address 1	BLK 477C	Address 2	UPPER SERANGOON VIEW	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#16-576	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	
Contact No.(Mobile)	88380101	Contact No.(Home)		Contact No.(Office)	
Email Address	INSURANCEHAMILTONAUTOHU	OI Vehicle Number	SLH9968P	TP Vehicle Number	
Claim Description	SLH9968P / SGL653U ON 12 Jun 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	
Date Registered	14/06/2018 11:06	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0998612	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/06/2018 11:00
Path *		Category *	Confidential Urgency



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:06	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:04	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 11:03	Photos	Normal	Photo:

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

