

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 27/06/18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18011714/13	E-mail (within 8hrs, AIC 2hrs):		
Veh No: 5GR6763P	i-Motor Claim Form: MT/1000612-001		
D.O.A: 26/06/18 1715	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWNCAR) Tel: Fax:)

TP Particulars:	Veh No: 5C76065B	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

NA1804029	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) RT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Auditors' Comments :-	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Cat. 1:	OD*		
Cat. 2 / 3:	*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 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	27/06/2018 14:09
Date Of Accident	26/06/2018 17:15
Exact Location Of Accident	YISHUN DAM(YISHUN AVE 1)TWDS YISHUN DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR6763P
Insured/Policyholder	
Name Of Registered Owner	XU JINGLI AMELIA
NRIC No	S8418323G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97506195
Alternative Phone No	OTHERS-97506195

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	5093832766
Cover Note Number	

Driver

Name of Driver	XU JINGLI AMELIA
NRIC No	S8418323G
Date Of Birth	21/06/1984
Occupation	INDOOR
Date Of Driving Pass	23/04/2004
Driving Experience	14 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97506195
Fax Number	
Contact Number	OTHERS-97506195
Email Address	NOEMAIL

Address	BLK 288 YISHUN AVE 6 #05-62
Postcode	760288
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	CHAIN COLLISION
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6065B
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE3192J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GH3123J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	XU JINGLI AMELIA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGR6763P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

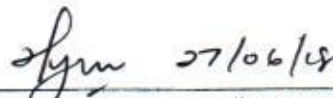
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

MISHUN DAM TOWARDS MISHUN DIRECTION

VEHICLE A - SGR 6763P
 VEHICLE B - SLT 6065B
 VEHICLE C - GBE 3192J
 VEHICLE D - GH 3123J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG MISHUN DAM (MISHUN AVE1) TOWARDS MISHUN DIRECTION, I WAS ON THE RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SLT6065B) THAT COLLIDED TO THE REAR OF MY VEHICLE. AND IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES.

VEHICLE A - SGR 6763P
 VEHICLE B - SLT 6065B
 VEHICLE C - GBE 3192J
 VEHICLE D - GH 3123J

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:

27/06/18

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8418323G



Name

XU JINGLI AMELIA

许菁栗

Race

CHINESE

Date of birth

21-06-1984

Sex

F

Country/Place of birth
SINGAPORE



S8418323G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8418323G

Name:

XU JINGLI AMELIA

Birth Date: 21 Jun 1984

Issue Date: 23 Apr 2004



0012020548

5320580



NRIC No. S8418323G



Date of issue

24-06-2014

APT BLK 288 YISHUN AVENUE 6 #05-62
SINGAPORE 760288

NRIC No. S8418323G

Date: 19/12/2015

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

PASS DATE

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

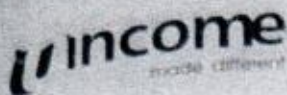
23 Apr 2004

NP 428A



Licence No: S8418323G

Vehicle No.	SGR 6763 P	Model / Make	TOYOTA ALTI3
Date of Accident	26/06/2018		
Time of Accident	17 15 HRS	HRS	
Location of Accident	MISHUN DAM (MISHUN AVE 1) TOWARDS MISHUN DIRECTION		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	XU JINGLI AMELIA		
Telephone No.	H/P : 9750 6195	Home :	Office :
NRIC	S84143234		
Address	BLK 288 MISHUN AVE 6 H05-62 S(760288)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTAC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5093832766		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	21 JUN 1984		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	23 APR 2004		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	XU JINGLI AMELIA , 9750 6195		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SLT 6065 B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	GBR 3192 J	Any Passengers :	
Vehicle D No.	GH 3123 J	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes/ No	FRONT VIEW	
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093832766

1. Index mark and Registration Number of Vehicle

Cover: 1: drive CLASSIC

2. Chassis Number

SGR6763P

3. Name of Policyholder

MR053ZEC107134575

4. Effective Date of Insurance

XU JINGLI AMELIA

5. Expiry Date of Insurance

09 Sep 2017

6. Persons or Classes of Persons entitled to drive:

08 Sep 2018

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

7. Limitations as to Use:

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: XU JINGLI AMELIA

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: SPEEDO CAPITAL PTE. LTD.

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia))

Agency : SPEEDO CAPITAL PTE. LTD. (00000615301)

Date of Issue : 09 Sep 2017 10:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1000612

Policy No.	5093832766	Vehicle No.	SGR6763P	GST Registration No.	
Policyholder Name	XU JINGLI AMELIA			Policyholder NRIC	S8418323G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97506195	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	27/06/2018 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	26/06/2018	Time of Accident hh:mm	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	YISHUN DAM(YISHUN AVE 1)TWDS YISHUN DIRECTION				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 288 #05-62	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760288
Address 4		Address Type	Singapore address	Post Code	760288
Unit No.	05-62	Related Policy Number	5093832766		

▼ O1 Driver Info

Driver Name	XU JINGLI AMELIA	Driver Type	Main Driver	Driver DOB	21/06/1984
Unnamed driver Name		Driver NRIC	S8418323G	Driving Experience	14
Register Date of Driver License	23/04/2004	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	97506195	Contact No.(Office)	0	Address 3	SINGAPORE 760288
Address 1	BLK 288	Address 2	YISHUN AVENUE 6	Post Code	760288
Address 4		Address Type	Singapore address		
Unit No.	#05-62				
Does he own a Singapore Registered car?	Yes <input checked="" 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 OD-MX New

Claim Type *	OD-MX	Insured Name	XU JINGLI AMELIA	Insured NRIC	S8418323G
Contact No.(Mobile)		Contact No.(Home)	8999436	Contact No.(Office)	
Email Address		O1 Vehicle Number	SGR6763P	TP Vehicle Number	SLT6065B
Claim Description	SGR6763P / SLT6065B ON 26 Jun 2018			Name of Preferred Workshop	TWINCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	27/06/2018 17:56	Claim Close Date		Date Received	27/06/2018 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Attachment



Accident No.	MT/1000612	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/06/2018 00:00

Path *

 No file chosen No file chosen No file chosen

Category *	Confidential	Urgency *	Descr
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:56	SAS	Normal	SAS 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:56	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:55	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:55	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:55	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:55	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:55	Photos	Normal	Photos 2018-6-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Jun 2018 17:55	Photos	Normal	Photos 2018-6-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div> <div>Scan and uploading</div>	