

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005] **MNA118123159**

Date In: <b>22/1/18-19.20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18019285/24</b>	SAS e-filing		
Veh No: <b>SLG 39396</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>22/1/18-19.20</b>	i-Motor Claim Form	<b>MT/1012579-001</b>	<b>22/1/18 17:40</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **JBM9291K** 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

<b>NA1806309</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) In Bill	Am't (\$) Add. Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
<b>QC Checked by (Engr-In-Charge):</b>	QI*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
<b>Auditors' Comments :-</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Dat 1:</b>	9) N12: Idac Mobile 30		
<b>Dat 2 / 3:</b>	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	22/09/2018 17:20
Date Of Accident	22/09/2018 14:50
Exact Location Of Accident	NEWTON CIRCUS TWDS SCOTT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ3959G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA SAY ENG
NRIC No	S1346582G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94525159
Alternative Phone No	OFFICE-94525159

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	5097187128
Cover Note Number	

### Driver

Name of Driver	CHUA SAY ENG
NRIC No	S1346582G
Date Of Birth	05/09/1959
Occupation	INDOOR
Date Of Driving Pass	28/05/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525159
Fax Number	
Contact Number	OFFICE-94525159
EEmail Address	NOEMAIL

Address	BLK 1E CANTONMENT ROAD #39-59
Postcode	085501
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 - ROUNDABOUT
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG NEWTON CIRCUS. AS I WAS WANTED TO MAKE A LEFT TURN TWDS SCOTT RD, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. VEHICLE B WAS SPEEDING AND DID NOT GIVE ME WAY. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

#### 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	SBM9091K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAMSUDIN BIN BACHIK
NRIC/Passport Number	S1149498F
Contact Number	83722913
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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:

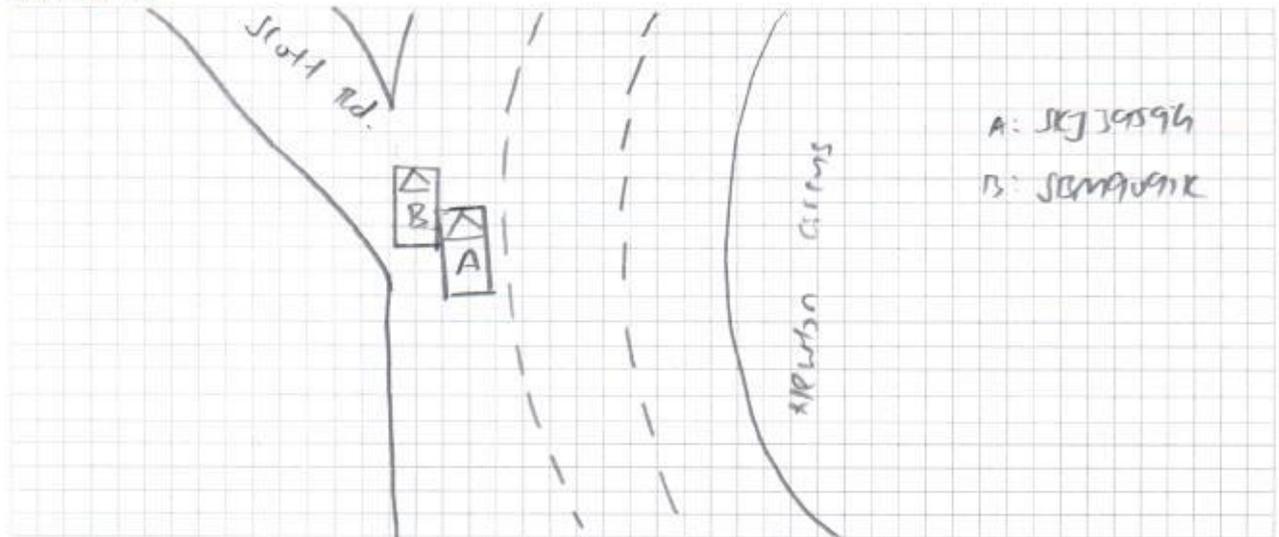
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

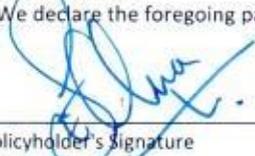


**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

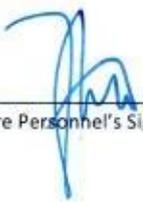
refer to statement.

**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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1346582G



Name  
**CHUA SAY ENG**

**蔡世榮**

Race  
**CHINESE**

Date of Birth  
**05-09-1959**

Sex  
**M**

Country of Birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1346582G**

Name  
**CHUA SAY ENG**

Birth Date **05 Sep 1959**

Issue Date **21 Apr 2003**




3174686



NRIC No: **S1346582G**



Blood Group: **O+** Date of issue: **18-07-2000**

APT BLK 1E CANTONMENT ROAD #99-59  
SINGAPORE 085501  
NRIC No: S1346582G Date: 27/12/2009 (R)

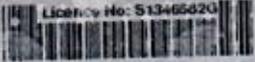
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE  
**26 May 1979**



Licence No: S1346582G



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

Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097187128		CHUA SAY ENG	51346582G	GPC	drivo CLASSIC	SKJ3959G	SKJ3959G	27/02/2018	26/02/2019

Continue

**Policy Information**

Policy No.	5097187128	Policyholder Name	CHUA SAY ENG	Policyholder NRIC	S1346582G
Certificate No.					
Address	BLK 1E #39-59 CANTONMENT ROAD THE PINNACLE@DUXTON SINGAPORE 085501				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy Issue Date	05/01/2018	Effective Date	27/02/2018 00:00	Expiry Date	26/02/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	VICOM LTD	Agent Tel.	66975221	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 1E #39-59	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE@DUXTON
Address 4	SINGAPORE 085501	Address Type	Singapore address	Post Code	085501
Unit No.	Related Policy Number		5097187128		

**Insured Object: SKJ3959G**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue Cancel

Claim Handling

Exit

Accident MT/1012579

Policy No.	5097187128	Vehicle No.	SKJ3959G	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA SAY ENG	Policyholder NRIC	S1346582G		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94525159	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	22/09/2018 17:38	Accident Report Within 24 Hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/09/2018	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS TWOS SCOTT RD				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
Coverage	Sum Insured				
Excess Waiver	99999999.99				
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 1E # 39-59	Address 2	CANTONMENT ROAD	Address 3	THE PINNACLE@DUXTON
Address 4	SINGAPORE 085501	Address Type	Singapore address	Post Code	085501
Unit No.		Related Policy Number	5097187128		

<b>OT Driver Info</b>					
Driver Name	CHUA SAY ENG	Driver Type	Main Driver	Driver DOB	05/09/1959
Unnamed driver Name		Driver NRIC	S1346582G	Driving Experience	39
Register Date of Driver License	28/05/1979	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	94525159	Contact No.(Office)	0	Address 3	THE PINNACLE@DUXTON
Address 1	BLK 1E	Address 2	CANTONMENT ROAD	Post Code	085501
Address 4	SINGAPORE 085501	Address Type	Singapore address		
Unit No.	39-59				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUA SAY ENG	Insured NRIC	S1346582G	
Contact No.(Mobile)	94525159	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	ham03142004@yahoo.com.sg	OT Vehicle Number	SKJ3959G	TP Vehicle Number	SBM9091K	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SKJ3959G / SBM9091K ON 22 Sept 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/09/2018 00:00	
Date Registered	22/09/2018 17:40	Claim Close Date				
Report Taken By	Jackson					

Print AK letter Save Submit

<b>Attachment</b>																																			
<table border="1"> <tr> <td>Accident No.</td> <td>MT/1012579</td> <td>Claim No.</td> <td>001</td> <td></td> <td></td> </tr> <tr> <td>Last Doc. Received</td> <td><input checked="" type="radio"/> Yes <input type="radio"/> No</td> <td>Upload Date</td> <td>22/09/2018 17:41</td> <td></td> <td></td> </tr> <tr> <td>Path *</td> <td></td> <td>Category *</td> <td></td> <td>Confidential</td> <td>Urgency *</td> </tr> <tr> <td></td> <td>Browse... Clear</td> <td>Please Select</td> <td></td> <td><input type="checkbox"/></td> <td>Normal</td> </tr> <tr> <td></td> <td>Browse... Clear</td> <td>Please Select</td> <td></td> <td><input type="checkbox"/></td> <td>Normal</td> </tr> </table>						Accident No.	MT/1012579	Claim No.	001			Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/09/2018 17:41			Path *		Category *		Confidential	Urgency *		Browse... Clear	Please Select		<input type="checkbox"/>	Normal		Browse... Clear	Please Select		<input type="checkbox"/>	Normal
Accident No.	MT/1012579	Claim No.	001																																
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/09/2018 17:41																																
Path *		Category *		Confidential	Urgency *																														
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal																														
	Browse... Clear	Please Select		<input type="checkbox"/>	Normal																														

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value=""/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value=""/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value=""/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value=""/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:41	SAS	Normal	SAS 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Sep 2018 17:40	Photos	Normal	Photos 2018-9-22		<a href="#">Edit</a>

Video List

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