

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 01/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019869/13	SAS e-filing		
Veh No: SJAD15C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/10/18 00:05	i-Motor Claim Form	01/10/2016-001	
OD: (TP) Reporting 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: SJW 8364 H	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% P: 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1807181		Invoice Preparation Checklist		Am (\$)	Am (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
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			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		OD:			
		*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: Idao Mobile 30			
QC Checked by (Engr-In-Charge):		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		
Auditors' Comments:					
Ref: 1:					
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 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. 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	01/11/2018 14:15
Date Of Accident	31/10/2018 00:05
Exact Location Of Accident	SLIP RD TO SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1015C
Insured/Policyholder	
Name Of Registered Owner	ROSMAN BIN SHARIF
NRIC No	S1630650I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91621762
Alternative Phone No	OTHERS-91621762

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097570267
Cover Note Number	

Driver

Name of Driver	ROSMAN BIN SHARIF
NRIC No	S1630650I
Date Of Birth	10/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1984
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91621762
Fax Number	
Contact Number	OTHERS-91621762
Email Address	NOEMAIL

Address	BLK 245 COMPASSVALE ROAD
	#02-658
Postcode	540245
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 - 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?	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)	2
Passenger 1	
	NAME: : ZEMAH BINTI RAHMAT
	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

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	SJW8364H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MHD FAIZANI
NRIC/Passport Number	S7431492I
Contact Number	87501323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ROSMAN BIN SHARIF
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJA1015C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ZEMAH BINTI RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJA1015C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

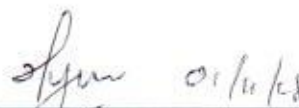
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

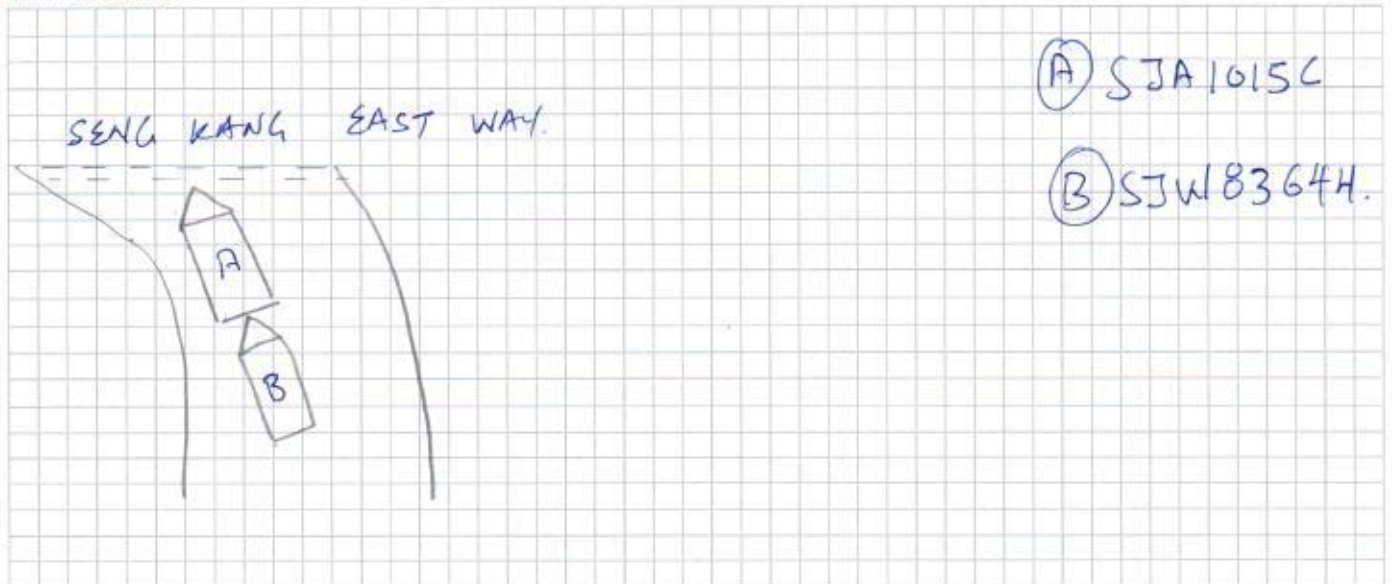


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31 OCT 2018, I WAS DRIVING SLIP WAY TO SENGLANG EAST WAY WHEN I STOPPED AT THE SLIP WAY. VEHICLE B COLLIDED INTO MY VEHICLE.

DECLARATION

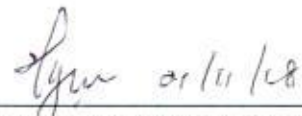
I/We declare the foregoing particulars are true in every respect.



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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31 OCT 2018	TIME: 0005HRS	(hh:mm) 24 hrs Format
LOCATION SLIP ROAD TO SENG KANG EAST WAY.		
VEHICLE NUMBER SJA1015C		
INSURED NAME ROSMAN BIN SHARIF		
NRIC / FIN S16306502	CONTACT: 91621762.	
MAKE HONDA	MODEL Stream 1.6A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (/) Third Party () Reporting Only		
INSURANCE COMPANY NTUC		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : 5097570267		
NAME DRIVER : (/) SAME AS INSURED		
NRIC / FIN CONTACT:		
DATE OF BIRTH: 10 APR 1964		
DRIVING PASS DATE : 29 JUN 1994		
OCCUPATION : () INDOOR (/) OUTDOOR		
GENDER : (/) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: BLK 245 COMPAASSVALE ROAD #02-658 S(540245).		
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER. (ZEMAH BINTI RAHMAT) S1572223A		
Was driver an employee of the Insured's Company? () YES (/) NO		
If No, Relationship Of The Driver With The Insured		
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (/) Clear () Raining () Drizzling () Others		
Road Surface : (/) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? (/) YES () NO		
If YES, Injured details : ROSMAN BIN SHARIF (S16306502) ZEMAH BINTI RAHMAT (S1572223A)		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? () YES (/) NO		
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver) Contact
Veh B SJW8364H.	MHD FAIZANI / S74314921	(2.) / Not Sure () 87501323
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S16306501



ROSMAN BIN SHARIF

روسمن بن شريف

Race

MALAY

Date of Birth

10-04-1964 M

Country of Birth

SINGAPORE



2408361



NRIC No: S16306501

Blood Group: A+ Date of birth: 11-10-1994

APT BLK 245 COMPASSVALE ROAD #02-658
SINGAPORE 540245

NRIC No: S16306501

Date: 13-01-2001 (R) No: 3693402

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	29 Jun 1984

NP 428A



Licence No: S16306501

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	26/07/2018



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1572223A



Name

ZEMAH BINTI RAHMAT

زيمه بنت رحمت

Race

MALAY

Date of birth

14-05-1963

Sex

F

Country/Place of birth

SINGAPORE



5977252



NRIC No. S1572223A



Date of issue

11-07-2018

Address

APT BLK 245 COMPASSVALE ROAD
#02-658
SINGAPORE 540245

Certificate of Insurance

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

Policy Number: 5097570267 Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle : SJA1015C

Chassis Number : RN61053414

Name of Policyholder : ROSMAN B SHARIF

Effective Date of Insurance : 31 Jan 2018

Expiry Date of Insurance : 30 Jan 2019

Persons or Classes of Persons entitled to drive#

(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.

5. 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	: ROSMAN BIN SHARIF
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GV CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/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 : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 31 Jan 2018 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1018066

Policy No.	5097570267	Vehicle No.	SJA1015C	GST Registration No.
Certificate No.				
Policyholder Name	ROSMAN BIN SHARIF			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91621762	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	30	Private Hire

▼ Accident Details

Report Date	01/11/2018 14:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/10/2018	Time of Accident hh:mm	00:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SLIP RD TO SENGKANG EAST WAY			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 245 #02-658	Address 2	COMPASSVALE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5097570267	

▼ OI Driver Info

Driver Name	ROSMAN BIN SHARIF	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S16306501	Driver DOB
Register Date of Driver License	29/06/1984	Driver Age	54	Driving Experience
Contact No.(Mobile)	91621762	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 245	Address 2	COMPASSVALE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-658			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ROSMAN
Contact No.(Mobile)	91621762	Contact No. (Home)	688116
Email Address	zemah63@gmail.com	OI Vehicle Number	SJA101
Claim Description	SJA1015C / SJW8364H ON 31 Oct 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	01/11/2018 14:46	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1018066

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 01/11/2018 00:00

Path *

Category *

Confidential

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

Choose File No file chosen

Message Read

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:46	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:46	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:46	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Nov 2018 14:43	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
Display in New Window Scan and uploading		