

NATIONAL Assessment Centre Services. Print & Fax Only MNA118152454 - 01

Date In: 24/11/18 15:03	Job description	Date & Time Completed	Done by
Ref No: INC MA1672 18021269144	SAS e-filing		
Veh No: G80 5473R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/11/18 16:00	I-Motor Claim Form	MT/1021453 ⁰⁰¹	26/11/18 17:57
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SHD 3169L 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 repaiier.

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

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

Remarks: (INC No: 67896616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

MA1807717	Invoice/Preparation Checklist	Am (1)	Am (1)
Claimant's Particulars	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Inc on INC) against INC \$20		
	9) N12: Idao 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 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	24/11/2018 15:03
Date Of Accident	23/11/2018 16:00
Exact Location Of Accident	AFTER JUNC OF LAVENDER ST & SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5473R
Insured/Policyholder	
Name Of Registered Owner	TAI HUAT TEXTILE ENTERPRISE
Co Reg No	52913669D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62918662

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING

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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095720045
Cover Note Number	-

Driver

Name of Driver	TAN KWONG KEE
NRIC No	S1250742I
Date Of Birth	04/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81335825
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 38 CHAI CHEE AVE #05-191
Postcode	461038
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

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	SHD3169L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG KEEN GUAN GARY
NRIC/Passport Number	S1756759D
Contact Number	97781955
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

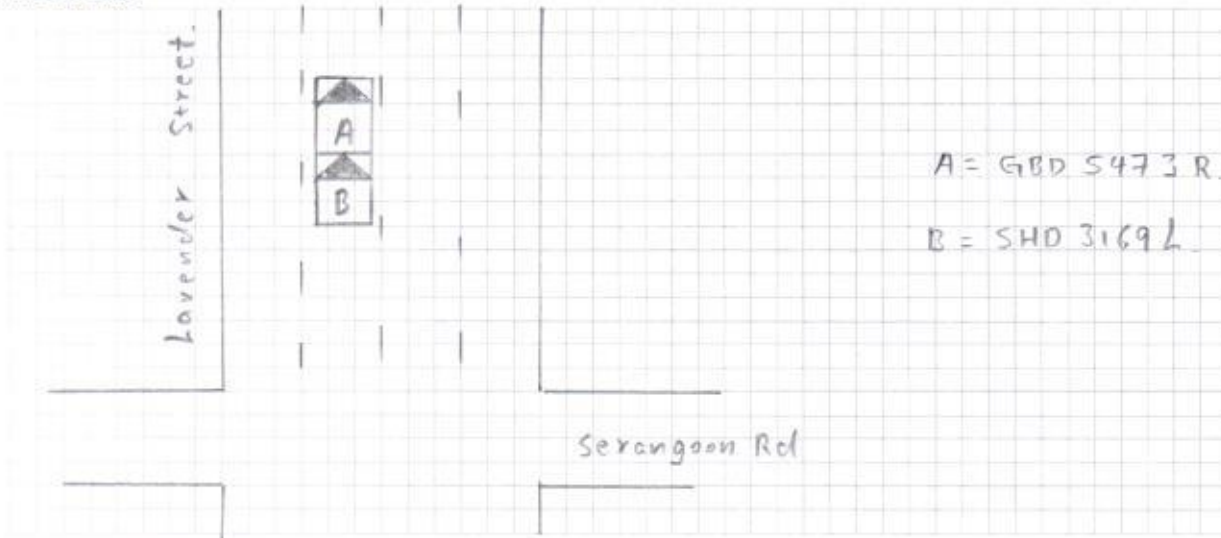


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please 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.:

I WAS TRAVELLING ALONG LAVENDER ST AFTER CROSS THE TRAFFIC JUNC OF SERANGOON RD, VEH INFRONT OF ME SLOW DOWN, I FOLLOW SUIT TO SLOW DOWN MY VEH, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED THE TAXI (BEARING NO SHD3169L) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 118152454 Vehicle Registration No: G8D 5473R

Name (as shown in NRIC) : Tan Kwong Kee NRIC/FIN/Passport No : S12507421

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 8133 5825

Email Address : _____

Date of Accident : 23/11/18 Time of Accident : 16:00

Place of Accident : After Junc of Lavender st & Serangoon Rd.

Insurance Company: Ching Taiping


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Insurance Company to NTUC Instead
of China Taiping.

Policyholder / Driver's Signature

Date:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 26/11/18

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 11 / 18.) (DD/MM/YYYY). TIME: (16 : 00) (HH:MM)

LOCATION: After Junc. of Lavender St & ~~HP~~ Serangoon Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8D 5473R
b) INSURANCE COMPANY: China
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: working
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: M/S Tai Huat Textile Enterprise (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62918662
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Kwong Kee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8133 5825
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)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)
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: SHD 3169L MODEL: _____
b) DRIVER'S NAME: Ang Kean Guan Gary
c) NRIC/FIN/PASSPORT: 5175 67590 CONTACT: 97781955

9. THIRD PARTY VEHICLE

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

* waiting sketch with
chop.

email = taihua text @ yahoo.com.sg

fax = 6296 7030

VIDEO = No.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S12507421

Name: TAN KWONG KEE

Birth Date: 04 Apr 1957

Issue Date: 17 Mar 2003

000314633C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S12507421

Name: TAN KWONG KEE

陳光基

Race: CHINESE

Date of Birth: 04-04-1957

Sex: M

Country of Birth: SINGAPORE

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

Class 2: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 17 Mar 2003

Licence No: S12507421

UP 426A

3075573

Barcode

Licence No: S12507421

Biometric Group: B+

Date of issue: 17-04-1999

APT BLK 38 CHAI CHEE AVENUE #05-191

SINGAPORE 461038

NRIC No: S12507421

Date: 07/08/2017

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="23/11/2018 17:36"/>	
Vehicle No.(For Motor)	<input type="text" value="GBD5473R"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5095720045		TAI HUAT TEXTILE ENTERPRISE	52913669D	GCV	Comprehensive	GBD5473R	GBD5473R	27/11/2017	26/11/2018

The owner and vehicle particulars for Vehicle No. GBD5473R as at 27 Nov 2014 are as follows:

1.	Name	: TAI HUAT TEXTILE ENTERPRISE
2.	Identification No. Type	: Business
3.	Identification No.	: 52913669D
4.	Place Of Passport Issue	: -
5.	Registered Address	: 161 KAMPONG AMPAT #03-01 GOLDLION BUILDING SINGAPORE 368329
6.	Mailing Address	: -
7.	Vehicle No.	: GBD5473R
8.	Effective Date of Ownership	: 27 Nov 2014
9.	Original Registration Date	: 27 Nov 2014
10.	First Registration Date	: 27 Nov 2014
11.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: TOYOTA DYNA 150 MANUAL
18.	Year of Manufacture	: 2014
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JTFAT35Y20K203933 / -
23.	Propellant	: Diesel
24.	Engine No./Motor No.	: 1KD2463429 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1680
28.	Maximum Laden Weight(kg)	: 3500
29.	Open Market Value	: \$27,856.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2014112705001049D
35.	COE Expiry Date	: 26 Nov 2024
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$54,097.00
38.	Actual Quota Premium/PQP Paid	: \$18,556.00
39.	Actual ARF Paid	: \$1,393.00
40.	CO2 Emission(g/km)	: 257.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 26 Nov 2034
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 27 Nov 2014
47.	Road Tax End Date	: 26 May 2015
48.	Remarks	: This vehicle requires side marking.

Claim Handling

Accident MT/1021453

Policy No.	5095720045	Vehicle No.	GBD5473R	GST Registration No.	529131
Certificate No.					
Policyholder Name	TAI HUAT TEXTILE ENTERPRISE			Policyholder NRIC	529131
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62918662	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
OTK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
WCD Protection	No	WCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	26/11/2018 17:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	23/11/2018	Time of Accident hh:mm	16:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	AFTER JUNC OF LAVENDER ST & SERANGOON RD				

Excess

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			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	52913669D	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	161 KAMPONG AMPAT	Address 2	#03-01 GOLDLION BUILDING	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	36832
Unit No.		Related Policy Number	5084827337-02		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN KWONG KEE	Driver NRIC	S12507421	Driver DOB	04/04/
Register Date of Driver License	17/03/2003	Driver Age	61	Driving Experience	15
Contact No.(Mobile)	81335825	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 38 #05-191	Address 2	CHAI CHEE AVENUE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	46103
Unit No.	05-191				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAI HUAT TEXTILE ENTERPRISE
Contact No.(Mobile)	97653377	Contact No. (Home)	NIL
Email Address		Vehicle Number	GBD5473R
Claim Description	GBD5473R / SHD3169L ON 23 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Dispute No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	26/11/2018 17:50
			LIEW SHAN HUI
Print AK letter			
Save Submit			

Attachment

Accident No. MT/1021453

Claim No. 001

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:51	SAS	Normal	SAS 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:51	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:51	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:51	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:51	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:50	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:50	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:50	Photos	Normal	Photos 2018-11-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:50	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:50	Photos	Normal	Photos 2018-11-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Nov 2018 17:50	Photos	Normal	Photos 2018-11-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
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