

NATIONAL Assessment Centre Services [ver 1 Jan 05] MVA119 00485

Date In: 11/1/19 - 14:31	Job description	Date & Time Completed	Done by
Ref No: NA119002711/24	SAS e-filing		
Veh No: SW 6819 B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/1/19 - 08:12	i-Motor Claim Form	M/11027421-001	11/1/19 17:48
OD: TP 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: Veh No: SWC735 IC 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
(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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
NA1900347			
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:-	For claiming against JNC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*N5: Courtesy Car / Tpl 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 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	11/01/2019 14:31
Date Of Accident	10/01/2019 08:10
Exact Location Of Accident	OPHIR RD TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6819B
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Insured/Policyholder

Name Of Registered Owner	SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ
NRIC No	S8110492A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87261728
Alternative Phone No	OFFICE-87261728

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4X A
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	5104712179
Cover Note Number	

Driver

Name of Driver	SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ
NRIC No	S8110492A
Date Of Birth	01/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/06/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87261728
Fax Number	
Contact Number	OFFICE-87261728
EEmail Address	NOEMAIL

Address	BLK 506B YISHUN AVENUE 4 #02-134
Postcode	762506
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 (including own vehicle) involved in the accident	2
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

REFER TO 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	SLK2751C
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 INJURED PERSON 1

Name	SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJW6819B

YES

NO

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:



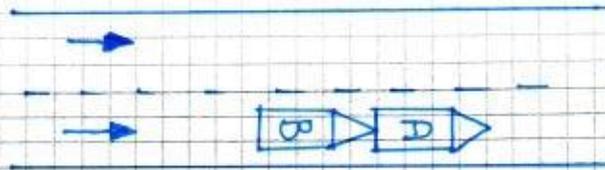
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

OPHIR RD TOWARDS MCE

VEH "A" SJW 6819B

VEH "B" SLK 2751C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving vehicle A along the stated venue. As the front vehicles stopped, I follow suit. Suddenly, I felt an impact, and vehicle B has hit onto the rear of my vehicle, causing damage to the rear portion of 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.:

Date of Accident : 10/1/19 Accident Time: 08:10 (24-HR-Format)
 Accident Place : OPHIR Rd TOWARDS MCE
 Vehicle No. (Car Plate No.) : SJW6819B Make/Model: ESTIMA
 Insurance Company : NTUC Policy No: 58110492A
 Owner or Company Name / IC No. : SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ
 Owner or Company Contact No. : 8726 1728 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 01/04/81 DRIVER'S License Pass Date 05/06/06
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : BLK 506B #02-134 YISHUN AVE 4 S762506
 DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Driver

Other Party Driver's Particular (if any)

(8)

Vehicle No: <u>SLK 2751 C</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8110492A



Name

SURESH KUMAR SOLOMON S/O
SAMUEL SILVARAJ

சுரேஷ் குமார் சாலமன்

Race

INDIAN

Date of birth

01-04-1981

Sex

M

S8110492A

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8110492A

Name:

SURESH KUMAR SOLOMON S/O
SAMUEL SILVARAJ



Birth Date: 01 Apr 1981

Issue Date: 05 Jun 2006



Land Transport Authority

VOCATIONAL LICENCE

Licence No : S8110492A

Name : SURESH KUMAR SOLOMON S/O
SAMUEL SILVARAJ



Please visit www.lta.gov.sg to check
the status of this vocational licence

5288855



NRIC No. S8110492A



Date of issue
02-04-2014

APT BLK 1108B YISHUN AVENUE 4 #02
APT 82506

SP S 2A

Date:

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

Class	Description	Pass Date
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	05 Jun 2006
Class 4	Heavy motor cars and motor tractors > 2500 kg	01 Jul 2014

PASS DATE

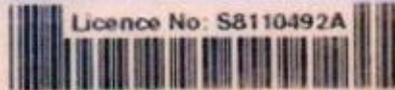
05 Jun 2006

01 Jul 2014

S8110492A

S / No. 9000206643

Licence No: S8110492A



NP 428A

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	25/05/2018
03	BUS VL	10/11/2014
04	BUS ATTENDANT	10/11/2014



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"/>	5104712179		SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ	S8110492A	GPC	drive CLASSIC	SJW6819B	SJW6819B	17/10/2018	16/10/2019

Continue

Policy Information

Policy No.	5104712179	Policyholder Name	SURESH KUMAR SOLOMON S/O	Policyholder NRIC	S8110492A
Certificate No.					
Address	BLK 506B #02-134 YISHUN AVENUE 4 ANGSANA BREEZE @ YISHUN SINGAPORE 762506				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/10/2018	Effective Date	17/10/2018 00:00	Expiry Date	16/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 506B #02-134	Address 2	YISHUN AVENUE 4	Address 3	ANGSANA BREEZE @ YISHUN
Address 4	SINGAPORE 762506	Address Type	Singapore address	Post Code	762506
Unit No.	02-134	Related Policy Number	5104712179		

Insured Object: SJW6819B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Exit

Accident MT/1027421

Policy No.	5104712179	Vehicle No.	SJW6819B	GST Registration No.	
Certificate No.					
Policyholder Name	SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ			Policyholder NRIC	S8110492A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87261728	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	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	11/01/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/01/2019	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	DPHR RD TWOS MCE				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
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 505B #02-134	Address 2	YISHUN AVENUE 4	Address 3	ANGSANA BREEZE @ YISHUN
Address 4	SINGAPORE 762506	Address Type	Singapore address	Post Code	762506
Unit No.	02-134	Related Policy Number	S104712179		

DI Driver Info					
Driver Name	SURESH KUMAR SOLOMON S/O SAMUEL SILVARAJ		Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8110492A	Driver DOB	01/04/1981
Register Date of Driver License	05/06/2006	Driver Age	37	Driving Experience	12
Contact No.(Mobile)	87261728	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 505B	Address 2	YISHUN AVENUE 4	Address 3	ANGSANA BREEZE @ YISHUN
Address 4	SINGAPORE 762506	Address Type	Singapore address	Post Code	762506
Unit No.	02-134				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No		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 **New**

Claim Type *	OD-Mx	Insured Name	SURESH KUMAR SOLOMON S/O		Insured NRIC	S8110492A
Contact No.(Mobile)		Contact No.(Home)	NIL		Contact No.(Office)	
Email Address:		OI vehicle number	SJW6819B		TP Vehicle Number	SLK2751C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJW6819B / SLK2751C ON 10 Jan 2019					
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	11/01/2019 17:48	Claim Close Date			Date Received	11/01/2019 00:00
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1027421	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/01/2019 17:50
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * <input type="checkbox"/> Description *
	Browse... Clear	Please Select	Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Normal <input type="checkbox"/>

<input type="text"/>	Browse	Clear	Please Select	50	Normal	<input type="text"/>
<input type="text"/>	Browse	Clear	Please Select	50	Normal	<input type="text"/>
<input type="text"/>	Browse	Clear	Please Select	50	Normal	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:50	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:50	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:50	SAS	Normal	SAS 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:49	Photos	Normal	Photos 2019-1-11		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:49	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:48	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:48	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:48	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:48	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:48	Photos	Normal	Photos 2019-1-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 11 Jan 2019 17:48	Photos	Normal	Photos 2019-1-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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