

NATIONAL Assessment Centre Services. [part 1 Jan'09] MMA 119032359

Date In: 11/3/19 13:41	Job description	Date & Time Completed	Done by
Ref No: NA/INC19004333/64	SAS e-filing		
Veh No: PC 2773 J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 9/3/19 14:05	I-Motor Claim Form	11/10/35458	11/3/19 19:47
OD <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SEY 838 Y	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: YBS () / 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: 67996616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Actions

NA1901813

Claimant's Particulars:	Invoice Itemization Checklist	Amo (\$)	Acc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
At 1:	For claiming against INC Only (wef 10 Jan 2005)		
At 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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: Idno 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	11/03/2019 13:41
Date Of Accident	09/03/2019 14:05
Exact Location Of Accident	INFRT OF UNITED SQUARE THOMSON RD TWDS MARYMOUNT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2773J
Insured/Policyholder	
Name Of Registered Owner	KWOK PIN SENG
NRIC No	S0019389E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81184858
Alternative Phone No	OFFICE-81184858

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091603801-01
Cover Note Number	-

Driver

Name of Driver	NEO ENG HIN
NRIC No	S0208406F
Date Of Birth	05/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81808962
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5000E MARINE PARADE RD LAGUNA PARK #22-19
Postcode	449288
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 - CHANGE/CROSS LANE
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?	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)	3

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY838Y
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)	

SKETCH PLAN


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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:

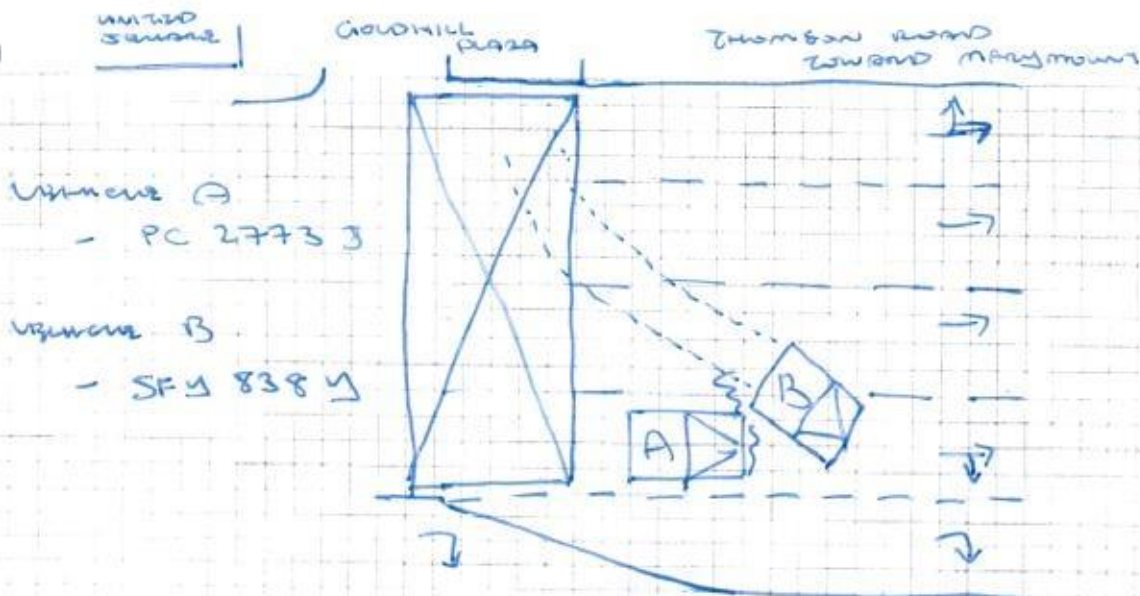


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG THOMPSON ROAD
TOWARD MARYMOUNT ROAD DIRECTION, I WAS ON THE
2nd LANE.
WHILE TRAVELLING STRAIGHT SUDDENLY A CAR CAME
OUT FROM GOLDMILL PLAZA, WHICH MY SIGHT OF VIEW WAS
BLOCKED BY ANOTHER VEHICLE, WHEN I SAW THE
VEHICLE I APPLIED THE BRAKE BUT COULDN'T STOP IN
TIME AND HIT INTO THE RIGHT REAR PORTION OF
(SFY 838 Y).
ALIGHTED FROM MY VEHICLE AND WAS THEN EXCHANGED OF
OUR PARTICULAR, AND WE PROCEED ON TO FILE FOR THE
INSURANCE CLAIM.
Vehicle A - PC 2773 J
Vehicle B - SFY 838 Y

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.:

Vehicle No.	PC 2773 J	Model / Make	TOYOTA HIACE
Date of Accident	09/03/2019		
Time of Accident	1405	HRS	
Location of Accident	INTERSECTION OF UNITED SQUARE TOWARD THUMMAN ROAD		
Exact purpose use during accident	PRIVATE USE		/MAYMOUNT CO
Name of Owner	KWOK HIN SENG		
Telephone No.	H/P: 8118 4858	Home:	Office:
NRIC	5001938912		
Address	BLK 108 MCNAIN ROAD #11-249 S1		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5041603401-01		
Name of Driver	As Above If No, NBO ENH HIN		
NRIC	502084065	Any Passengers:	2
Date of birth	05 SEP 1952		(1 MALE, 1 FEMALE)
Occupation	Outdoor / Indoor		
Driving License Pass Date	22 SEP 1971		
Gender	Male / Female		
Contact No.	H/P: 8190 8962	Home:	Office:
Address	50002 MAINA PARKWAY ROAD LAGUNA PARK #22-19		
Driver have any own vehicle	No	If yes, Reg No.	S (44288)
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SFJ 838 J	Any Passengers:	1
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	FRONT LEFT PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	THUMMAN AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	2BN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0208406F



NAME

NEO ENG HIN

梁英兴

RACE

CHINESE

DATE OF BIRTH

05-09-1952

COUNTRY/PLACE OF BIRTH

SINGAPORE

SEX

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0208406F

NAME

NEO ENG HIN

Birth Date: 05 Sep 1952

Issue Date: 06 Nov 2003



Land Transport Authority



VOCATIONAL LICENCE

Licence No. S0208406F

Name: NEO ENG HIN

Issue Date: 13/1/2014

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

5183208



NRIC No. S0208406F



DATE OF ISSUE

18-06-2013

5000E MARINE PARADE ROAD LAGUNA PARK #22-19
SINGAPORE 449268

NRIC No.

S0208406F

DATE

22/07/2015

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

22 Sep 1971

NP 428A



Licence No: S0208406F

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

Type	Description	Issue Date
03	BUS VL	13/05/2008
04	BUS ATTENDANT	13/05/2008



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 : 5091603801-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **PC2773J**
Chassis Number : KDH2230020186
2. Name of Policyholder : KWOK PIN SENG
3. Effective Date of Insurance : 01 Sep 2018
4. Expiry Date of Insurance : 31 Aug 2019
5. 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.
6. Limitations as to Use*
 - (a) Use for the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 13 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : S'PORE SCH&PTE HIRE BUS OWNS ASS (00000601247)
Date of Issue : 28 Aug 2018 13:22 hrs
Reprint : 16 Jan 2019 16:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1035458

Policy No.	5091603801-01	Vehicle No.	PC2773J	GST Registration No.	
Certificate No.					
Policyholder Name	KWOK PIN SENG			Policyholder NRIC	S0019
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	81184858	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	No
Accident Details					
Report Date	11/03/2019 19:40	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	09/03/2019	Time of Accident hh:mm	14:05	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	INFRT OF UNITED SQUARE THOMSON RD TWDS MARYMOUNT				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
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 108 #11-299	Address 2	MCNAIR ROAD	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	32110
Unit No.		Related Policy Number	5091603801-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO ENG HIN	Driver NRIC	S0208405F	Driver DOB	05/09/
Register Date of Driver License	13/05/2008	Driver Age	66	Driving Experience	10
Contact No.(Mobile)	81808962	Contact No.(Office)		Contact No.(Home)	
Address 1	5000E MARINE PARADE ROAD	Address 2	#22-19 LAGUNA PARK	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	44928
Unit No.	22-19				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	KWOK PIN SENG
Contact No.(Mobile)	81184858	Contact No. (Home)	62944931
Email Address	MILTON-KWOK90@HOTMAIL.CO	O1 Vehicle Number	PC2773J
Claim Description	PC2773J / SFY838Y ON 9 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/03/2019 19:45
			LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1035458

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

11/03/2019 19:47

Path *

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

Category *	Confidential	Urgency *
<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"/>
<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"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:47	SAS	Normal	SAS 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:47	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:46	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:46	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:46	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:46	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:46	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:46	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Mar 2019 19:45	Photos	Normal	Photos 2019-3-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	