

NATIONAL Assessment Centre Services. [ver 1 Jan 03] **MNA 119032828-**

| | | | |
|-------------------------------------|--|-----------------------|----------------------|
| Date In: 11/3/19 19:11 | Job description | Date & Time Completed | Done by |
| Ref No: NMA 1MC 1900 4397/h4 | SAS e-filing | | |
| Veh No: SGU 10117 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 613119 06:00 | I-Motor Claim Form | MT/1034936-002 | 12/3/19 09:48 |
| OD: 119 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: SHC 6082 M | 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: (INC Hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|--------------|
| NA1901807 | Invoice/Repairation Checklist | Amo (\$) | SS: Amo (\$) |
| Claimants 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) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | For obtaining against INC Only (ver 10 Jan 2003) | | |
| Est. 1: | 6) TR: Re-inspection \$75 | | |
| Est. 2/3: | 7) NI: Idao 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 (Inc-in 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 | 11/03/2019 19:11 |
| Date Of Accident | 06/03/2019 06:00 |
| Exact Location Of Accident | PASIR RIS DR 4 SPC STATION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SGU1011T |
| Insured/Policyholder | |
| Name Of Registered Owner | ADV TECH ENGRG |
| Co Reg No | 53015552D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96838721 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | VEZEL 1.5X CVT |
| 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 | 5088554095-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TEO KIM TONG |
| NRIC No | S7200056J |
| Date Of Birth | 04/01/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/04/1990 |
| Driving Experience | 28 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96838721 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 68 ELIAS RD #14-13 |
| Postcode | 519942 |
| 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 | SIDE SWIPE |
| 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) | 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? | YES |
| Remarks/ Reasons: | HAVENT RETRIEVE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SHC6082M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | LIM CHUAN HUAT |
| NRIC/Passport Number | S1380514H |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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.:

SPC

A = SGU 1011T
B = SHC 6082M

↑ ↓

→ →

← ← ← ←

Stop

Pasir Ris Dr 4

Please Refer to Statement

AFTER CHECK THE TRAFFIC WAS CLEAR, I EXITING FROM THE SPC AT THE PASIR RIS DR 4 TO THE MAIN ROAD, WHEN MY VEH ALREADY TURNING OUT TO THE MAIN ROAD, SUDDENLY A TAXI COME FROM LEFT SIDE AND HIT ONTO MY VEH LEFT FRONT PORTION. AFTER THE INCIDENT, WE BOTH CHECK ON OUR VEH AND FOUND THAT WAS NO SERIOUS DAMAGE, THEM WE EXCHANGE PARTICULAR AND LEAVE THE SCENE TO WORK WILL SETTLE LATER, I CALL THE DRIVER ASK HOW TO SETTLE, HE TOLD ME HE WILL INFORM TO HIS MANAGER AND WILL GET BACK TO ME. UNTIL THE NEXT DAY, THE MANAGER STILL NEVER CALL ME. I CALL TO MY INSURANCE COMPANY AND FOUND THAT THE TAXI ALREADY MAKE A CLAIMS ON MY INSURANCE.

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 3 / 19) (DD/MM/YYYY), TIME: (06 : 00) (HH:MM)

LOCATION: Pasir Ris Dr 4 SPC station.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGU 1011T
b) INSURANCE COMPANY: INC
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: Commercial Private Use
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: ADV Tech Engrg (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9683 8721
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Teo Kim Tong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
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: SHC 6082 M. MODEL: _____
b) DRIVER'S NAME: Lim Chuan Huat
c) NRIC/FIN/PASSPORT: 513 80514 H. CONTACT: _____

9. THIRD PARTY VEHICLE

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

waiting chop by monday.

Email = teokimtung1972@gmail.com.sg

fax =

VIDEO = Yes. ~~Has~~ Haven't Retrieve.

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7200056J



Name: **TEO KIM TONG**

Race: **CHINESE**

Date of Birth: **04-01-1972** Sex: **M**

Country of Birth: **SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7200056J**

Name: **TEO KIM TONG**

Birth Date: **04 Jan 1972**

Issue Date: **19 May 2003**




3192302



NRIC No: **S7200056J**



Blood Group: **B+** Date of Issue: **12-09-2000**

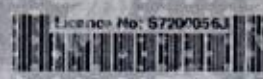
68 ELIAS ROAD #14-13
SINGAPORE 519942

NRIC No: **S7200056J** Date: **09/03/2013** No: **7407376**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES.

| | PASS DATE |
|---|-------------|
| Class 2B: Motorcycles not exceeding 200 cc | 31 Oct 1990 |
| Class 2A: Motorcycles between 201 cc and 400 cc | 23 Mar 1995 |
| Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 05 Apr 1990 |

NP 4287



68 Elias Rd #14-13 CS) 519942.

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

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5088554095-01 | | ADV TECH ENRG | 53015552D | GPC | drive PREMIUM | SGU1011T | SGU1011T | 21/03/2018 | 20/03/2019 |

Claim Handling

Accident MT/1034936

| | | | | | |
|---|--|-------------------------------|---|------------------------|-----------|
| Policy No. | 5088554095-01 | Vehicle No. | SGU1011T | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ADV TECH ENGRG | | | Policyholder NRIC | 530151 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading | 0 |
| Contact No.(Mobile) | NA | 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(%) | 50 | Private Hire | Not avl |
| ▼ Accident Details | | | | | |
| Report Date | 07/03/2019 10:25 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 06/03/2019 | Time of Accident hh:mm | 06:15 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PASIR RIS DRIVE 4 (OPPOSITE SRC PETROL STATION) | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | 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 | 07/03/2019 15:03:15 Karthlyn Yuen changed GST Status Verified from No to Yes | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | 50 CASUARINA ROAD | Address 2 | SEMBAWANG HILLS ESTATE | Address 3 | SINGA |
| Address 4 | | Address Type | Singapore address | Post Code | 57943 |
| Unit No. | | Related Policy Number | 5088554095-01 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 New

| | | | |
|---|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | ADV TECH ENGRG |
| Contact No.(Mobile) | 96838721 | Contact No.(Home) | NIL |
| Email Address | | OI Vehicle Number | SGU1011T |
| Claim Description | SGU1011T / SHC6082M ON 6 Mar 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault |
| Contract No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 12/03/2019 09:47 |
| | | | LIEW SHAN HUI |
| <input checked="" type="checkbox"/> Print AK letter | | | |

Save Submit

Attachment

| | | | |
|----------------------------|---|---------------|------------------|
| Accident No. | MT/1034936 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/03/2019 09:48 |
| Path * | | Category * | Confidential |
| Choose File No file chosen | | Please Select | NO |
| | | | Urgency * |
| | | | Normal |

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

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | SAS | Normal | SAS 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:48 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:47 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:47 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:47 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:47 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:47 | Photos | Normal | Photos 2019-3-12 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 09:47 | Photos | Normal | Photos 2019-3-12 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|--|--------|
| | | <div>Display In New Window</div> <div>Scan and uploading</div> | |