

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 28/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005556/13	SAS e-filing		
Veh No: SJX5265A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/03/19 2115	i-Motor Claim Form	MT/1037872-001	
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: (TWINCAR Tel: Fax:)

TP Particulars:	Veh No: FB02935A	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%; F: 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

NA1902273

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) N1: Idac 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: Idac 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	28/03/2019 14:22
Date Of Accident	27/03/2019 21:15
Exact Location Of Accident	SIMS DR SLIP RD INTO ALJUNIED RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5265A
Insured/Policyholder	
Name Of Registered Owner	WANG TIANBAO
NRIC No	S8229950E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91004196
Alternative Phone No	OTHERS-96877996

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105789361
Cover Note Number	

Driver

Name of Driver	OU XINNI,WINNIE
NRIC No	S8119275H
Date Of Birth	29/06/1981
Occupation	INDOOR
Date Of Driving Pass	08/08/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96877996
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 261C PUNGGOL WAY
#17-331

Postcode 823261

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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) 3

Passenger 1
NAME: : WANG TIANBAO WILLIE
GENDER: : MALE

Passenger 2
NAME: : WANG YEXIANG,ELDRICK
GENDER: : MALE

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

I WAS STOPPING STATIONARY ALONG SIMS DRIVE SLIP RD INTO ALJUNIED RD ON A SINGLE LANE,SLIP RD AS TO GIVE WAY TO ONCOMING VEH.OUT OF THE SUDDEN VEH B CAME FROM THE REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEH.

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 FBD2935A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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 OU XINNI,WINNIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJX5265A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WANG TIANBAO WILLIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJX5265A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name WANG YEXIANG,ELDRICK

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJX5265A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

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:

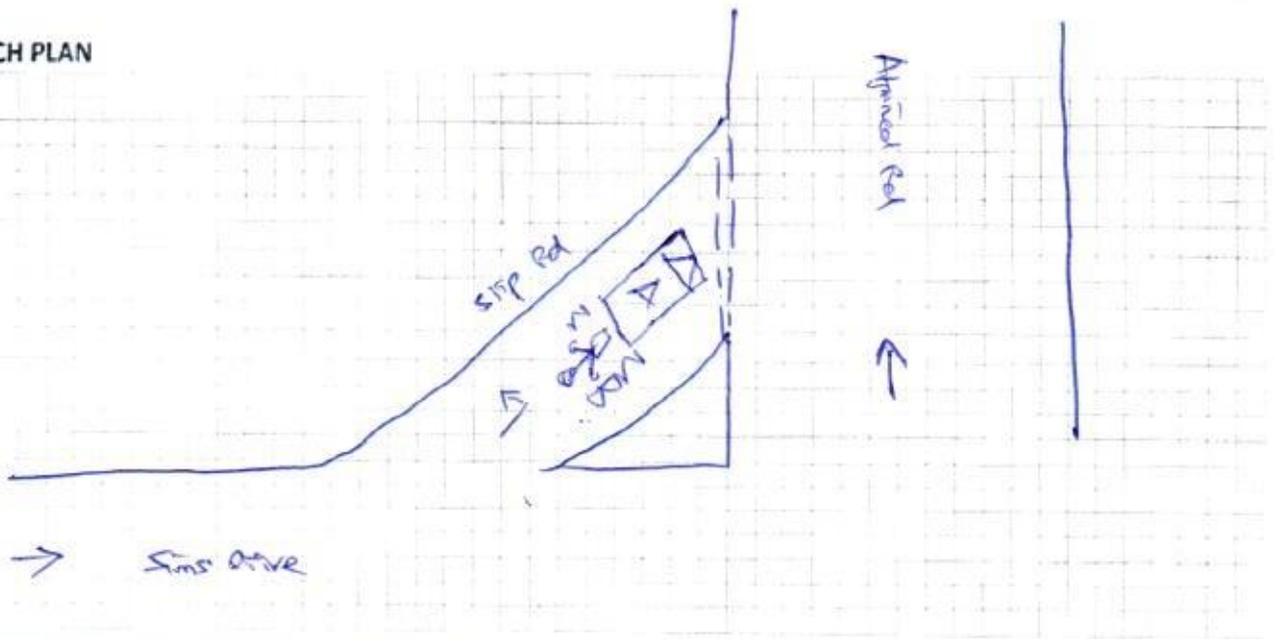


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping stationary along Sims Drive. SIP road enters Agricultural Rd on a single lane, exp road, as to give way to oncoming traffic. Out of the sudden, veh (B) came from the rear and contacted onto the rear portion of my vehicle.

A - SIX 5265A
B - FB0 2935 A

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:

28/03/19

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

Vehicle No.	SJX 5265A	Model / Make	Toyota Yaris
Date of Accident	27/3/19		
Time of Accident	9.15 pm	HRS	
Location of Accident	Sinc Dr Slip Rd @ A10 Road Rd		
Exact purpose use during accident	P2 use		
Name of Owner	Wang Tran Bao, Willie		
Telephone No.	H/P: 9100446	Home:	Office:
NRIC	S8229950E		
Address	Rt 261C, Punggol Hwy, #17-551, S(825261)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire /Theft
Policy No.	5105709361		
Name of Driver	As Above If No, Qu Xiant, Willie		
NRIC	S8119275H	Any Passengers:	02 (2 male, 1 female)
Date of birth	29/6/1987		
Occupation	Outdoor / (Indoor)		
Driving License Pass Date	03/8/2015		
Gender	Male / (Female)		
Contact No.	H/P: 96077046	Home:	Office:
Address	As owner		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state spouse	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Qu Xiant, Willie (M) (M)		
Name And Contact No.	Wang Tran Bao, Willie / Wang Yexiang, Ebrick		
Police Report	No,	If Yes, Where?	
Vehicle B No.	FSD 2935A	Any Passengers:	Nil
Name of Driver	Muhammad Nishir Bin	Contact No.:	97402041
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	Rear Picket		
Camera Recorder	Yes <input checked="" type="radio"/> No		
Email Address	Willie@aperturexxi.com		
PARTICULAR WORKSHOP	Turner Automotive Pte		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Harbin		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8229950E



Name
WANG TIANBAO, WILLIE

王添宝
Race
CHINESE

Date of birth
20-09-1982
Sex
M
Country/Place of birth
SINGAPORE

0740
30/8/16

S8229950E

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8119275H



Name
OU XINNI, WINNIE

歐欣妮
Race
CHINESE

Date of birth
29-06-1981
Sex
F
Country of birth
SINGAPORE

S8119275H

DRIVER

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8229950E
Name

WANG TIANBAO, WILLIE



Birth Date: 20 Sep 1982
Issue Date: 22 May 2003



000508375G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8119275H
Name

OU XINNI, WINNIE



Birth Date: 29 Jun 1981
Issue Date: 08 Aug 2009



001772035A



5171787

NRIC No. S8229950E



Date of issue
16-05-2013

APT BLK 261C PUNGGOL WAY #17-331
SINGAPORE 823261

NRIC No: S8229950E Date: 03/06/2015

OWNER



5052555

NRIC No. S8119275H



Date of issue
25-06-2012

APT BLK 261C PUNGGOL WAY #17-331
SINGAPORE 823261

NRIC No: S8119275H Date: 03/06/2015

DRIVER

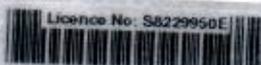
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE
22 May 2003
09 Nov 2004

S8229950E

S/No. 9000018552



Licence No. S8229950E

NP 428A

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

PASS DATE
08 Aug 2009



Licence No. S8119275H

NP 428A

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: 5105789361

Cover : drive CLASSIC

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Index mark and Registration Number of Vehicle | : SJX5265A |
| Chassis Number | : ANH208189892 |
| 2. Name of Policyholder | : WANG TIANBAO |
| 3. Effective Date of Insurance | : 29 Nov 2018 |
| 4. Expiry Date of Insurance | : 28 Nov 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 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	: S\$1,000
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	: WANG TIANBAO, WILLIE
NAMED DRIVER (1)	: OU XINNI, WINNIE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABS AUTO HOLDING 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 : SONA INSURANCE AGENCIES (00000573757)

Date of Issue : 29 Nov 2018 10:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1037872

Policy No.	5105789361	Vehicle No.	SJX5265A	GST Registration No.
Certificate No.				
Policyholder Name	WANG TIANBAO			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91004196	Contact No.(Office)	0	Contact No.(Home)
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

▼ **Accident Details**

Report Date	28/03/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	27/03/2019	Time of Accident hh:mm	21:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SIMS DR SLIP RD INTO ALJUNIED RD			

▼ **Excess**

Own damage Excess	600.00	Additional Excess	1000	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 261C #17-331	Address 2	PUNGGOL WAY	Address 3
Address 4	SINGAPORE 823261	Address Type	Singapore address	Post Code
Unit No.	17-331	Related Policy Number	5105789361	

▼ **OI Driver Info**

Driver Name	OU XINNI, WINNIE	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	S8119275H
Register Date of Driver License	08/08/2009	Driver Age	37
Contact No.(Mobile)	96877996	Contact No.(Office)	0
Address 1	BLK 261C	Address 2	PUNGGOL WAY
Address 4	SINGAPORE 823261	Address Type	Singapore address
Unit No.	#17-331		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
			Driver Insurer Com

Declaration

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WANG
Contact No.(Mobile)	91004196	Contact No. (Home)	663383
Email Address	williewtb@yahoo.com.sg	O1 Vehicle Number	SJX526
Claim Description	SJX5265A / FBD2935A ON 27 Mar 2019		
Preferred Workshop		Insured Liability	Not at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/03/2019 16:43
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment

Accident No. MT/1037872 Claim No. 001
 Last Doc. Received: Yes No Upload Date 28/03/2019 00:00

Path *

- Choose File No file chosen
- Message Read

- Clear

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	NRJC/ Driving License	Normal	NRJC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Mar 2019 16:43	Photos	Normal	Photos

Video List

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