

NATIONAL Assessment Centre Services [Part 1 Jan 2003] **MNA 119043267-01**

Date In: 31/4/19 13:46	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC19005884164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: GY 2050C	I-Motor Claim Form	MT/1038678-001	31/4/19 16:14
D.O.A: 21/4/19 19:25	I-Motor W/O (within OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wh31		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SJF 1090D	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 repaler.
 () Total Loss Case : to e-mail Insurer URGENTLY.

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

Remarks: (INC Hotline: 6788 6616) Date of completion: 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	Action

MA1902418 Claimants Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel: 1: Tel: 2/3:	Invoice Ref: (aration Check List) 1) AR: Accident Reporting (\$10); 2) DA: Damage Assessment (\$100); INC (\$50) 3) TP: Towing Fee \$40/\$45 4) PT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2003) 6) TR: Re-Inspection \$75 7) NI: Idan 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 Receipt Coordination \$3 *N9: TP (Non INC) against INC \$20 9) NI2: Idan Mobile \$0	Amt (\$) 30.00	Amt (\$) 30.00	
	Invoice dated Invoice dated	Fee Charged Fee Charged	30.00 30.00	30.00 30.00

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	03/04/2019 13:46
Date Of Accident	02/04/2019 19:25
Exact Location Of Accident	ALJUNIED RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY2050C
Insured/Policyholder	
Name Of Registered Owner	SHANGLI INTERIOR DESIGN
Co Reg No	52913536A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90012878
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097170025-01
Cover Note Number	-
Driver	
Name of Driver	TAN BENG SAN
NRIC No	S1529350J
Date Of Birth	21/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	+65-98518033
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 435 BUKIT PANJANG RING RD #06-667
Postcode	670435
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	SJF1090D
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.

祥利室内设计

SHANGLI INTERIOR DESIGN

61: 20 Ang Mo Kio Tech Link #05-27

Ang Mo Kio Industrial Park 2A

Singapore 567761

Mobile: 96945525 Fax: 6484 9533

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



A = GY 2050 C
B = SJF 1090 D

Altered Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

I/We declare the foregoing particulars are true in every respect.

SHANGLI INTERIOR DESIGN
88/20 Ang Mo Kio Tech Link #05-27
Ang Mo Kio Industrial Park 2A
Singapore 567761
Tel: 6484 9529

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 ALJUNIED RD ON THE CENTER LANE, WHEN I NOTICED FRONT VEH SLOW DOWN, AS SUCH I FOLLOW TO SLOW DOWN. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJF1090D) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 4 / 19) (DD/MM/YYYY), TIME: (19 : 25) (HH:MM)

LOCATION: Aljunied Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY 2050C
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: 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: Shang hi Interior Design. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90012878
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Tan Beng San. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98518033
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: friend

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: SJF 1090D MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

watting chop.

Email = ongenghua1962@gmail.com

fax =

VIDEO = NO.

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 : MNA119043267 Vehicle Registration No: GY 2050C
Name(as shown in NRIC) : Tan beng say NRIC/FIN/Passport No : S1529350J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9851 8033
Email Address : _____
Date of Accident : 21/4/19 Time of Accident : 19:25
Place of Accident : Aljunied Rd.
Insurance Company: ACE NTUC

(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 Add In Statement

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 31/4/19

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1529350J

Name: TAN BENG SAN

Birth Date: 21 Mar 1962

Issue Date: 06 Oct 2018

002853203D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1529350J

Name: TAN BENG SAN

陈 泯 删

Race: CHINESE

Date of birth: 21-03-1962

Sex: M

Country/Place of birth: SINGAPORE





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

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE: 06 Oct 2018

NP 128A

Licence No: S1529350J



5820617

NRIC No: S1529350J

Date of issue: 28-10-2017

Address: APT BLK 435 BUKIT PANJANG RING ROAD #06-667 SINGAPORE 670435




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 : 5097170025-01

Cover : Third Party

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GY2050C |
| Chassis Number | : JN1SF4F23Z0853603 |
| 2. Name of Policyholder | : SHANGLI INTERIOR DESIGN |
| 3. Effective Date of Insurance | : 25 Jan 2019 |
| 4. Expiry Date of Insurance | : 24 Jan 2020 |
| 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : JG MOTOR AGENCY (00000613374)

Date of Issue : 03 Jan 2019 09:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1038678

Policy No.	5097170025-01	Vehicle No.	GY2050C	GST Registration No.	
Certificate No.					
Policyholder Name	SHANGLI INTERIOR DESIGN			Policyholder NRIC	52913
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90012878	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(%)	20	Private Hire	No
▼ Accident Details					
Report Date	03/04/2019 16:10	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	02/04/2019	Time of Accident hh:mm	19:25	Country of Accident	Singap
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALJUNIED RD				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	03/04/2019 16:12:43 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	20 ANG MO KIO IND PK 2A	Address 2	#05-27 AMK TECH LINK	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	56776
Unit No.		Related Policy Number	5097170025-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN BENG SAN	Driver NRIC	S15293503	Driver DOB	21/03/
Register Date of Driver License	06/10/2018	Driver Age	57	Driving Experience	0
Contact No.(Mobile)	98518033	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 435, #06-667	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAI
Address 4		Address Type	Singapore address	Post Code	67043
Unit No.	06-667				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SHANGLI INTERIOR DESIGN
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GY2050C
Claim Description	GY2050C / SJF1090D ON 2 Apr 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	03/04/2019 16:13
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1038678	Claim No.	001
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Last Doc. Received

Yes No

Upload Date

03/04/2019 16:14

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

Clear	Category *	Confidential	Urgency *
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
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 03 Apr 2019 16:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:14	SAS	Normal	SAS 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:14	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:14	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:14	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:14	Photos	Normal	Photos 2019-4-3
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Apr 2019 16:13	Photos	Normal	Photos 2019-4-3

Video List

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