

NATIONAL Assessment Centre Services

Date In: 13/05/2019 13:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19008402/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SKV 8802D	i-Motor Claim Form	NT/1044376-001	14/5/19 10:17
DOA: 13/05/2019 10:00	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Veh No: SLR 8856K 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)

Remarks:-	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

NA1903409

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
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 30		

Invoice dated

Fee Charged

338017

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	13/05/2019 13:58
Date Of Accident	13/05/2019 10:00
Exact Location Of Accident	UPPER THOMSON RD TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV8802D
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Co Reg No	201611814M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90115734
Alternative Phone No	OFFICE-90115734
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5080551065-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD YUSOFF BIN AHMAD
NRIC No	S8421925H
Date Of Birth	20/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/08/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90115734
Fax Number	
Contact Number	OTHERS-90115734
EMail Address	NOEMAIL

Address	BLK 104B CANBERRA STREET #10-501
Postcode	752104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

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

PLS REFER TO THE 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	SLR8856K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHENG YONGSHAN
NRIC/Passport Number	S6962623H
Contact Number	81258855
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:

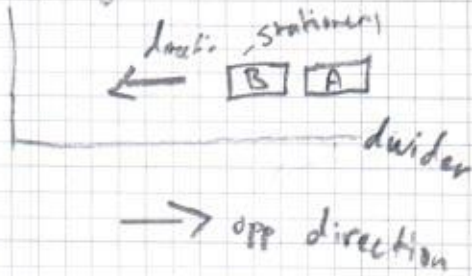
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Upper Thomson Rd (Towards City)

Traffic Light



A = SKU8802D

B = SLR8856K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A driving on Upper Thomson Rd towards city. At junction of Sin Ming Ave, bumped into vehicle B which was stationary. Dent and slight scratches on back left bumper. Vehicle A no damage to front portion.

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.:

13/5/2019

郑雍超 董事
Zheng Yong Shan
Director



YI WAN CONSTRUCTION PTE. LTD.

GST Reg No: 201220467W

YI WAN ALUMINIUM PTE. LTD.

Reg No: 201435240N

10 Admiralty Street #03-56
North Link Building Singapore 757695
H/P: 8125 8855

Tel: 6746 5789 / Fax: 6250 4919


Email: yiwancn@gmail.com / yiwana.alu@gmail.com

bizSAFE₃



Sin Hock Lee @ Yohw - Cam Sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8421925H





Name
MUHAMMAD YUSOFF BIN AHMAD

Race
MALAY

Date of birth
20-07-1984

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8421925H
Name
MUHAMMAD YUSOFF BIN AHMAD

Birth Date 20 Jul 1984
Issue Date 12 Aug 2008



5481673



NRIC No. S8421925H




Date of Issue
09-06-2015

APT BLK 104B CANBERRA STREET #10-501
SINGAPORE 752104
NRIC No. S8421925H Date: 14/09/2018

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

PASS DATE 12 Aug 2008

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



Licence No: S8421925H

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: 5080551065-02 **Cover :** Third Party

1. Index mark and Registration Number of Vehicle : SKV8802D
Chassis Number : MR053HY4204152690

2. Name of Policyholder : SHL MOTOR PTE. LTD.

3. Effective Date of Insurance : 10 Dec 2018

4. Expiry Date of Insurance : 09 Dec 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: 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 : ONE STOP INSURANCE AGENCY (00000571115)
Date of Issue : 21 May 2018 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/05/2019 10:00"/>
Vehicle No.(For Motor)	<input type="text" value="SKV8802D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080551065-02		SHL MOTOR PTE. LTD.	201611814M	GFT	Third Party	SKV8802D	SKV8802D	10/12/2018	

▼ Policy Information

Policy No.	5080551065-02	Policyholder Name	SHL MOTOR PTE. LTD.	Policyholder NRIC	201611814M
Certificate No.					
Address	51 UBI AVENUE 1 #01-09 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/05/2018	Effective Date	23/05/2018 00:00	Expiry Date	22/05/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	103.81		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	01-09	Related Policy Number	5105872558		

▶ Insured Object: SKV8802D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/05/2018 00:00	Basic Information Endorsement	000001286826614	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLZ4682B 28-05-2018 \$1,655.20 In view of this amendment, an additional premium of \$1,655.20 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

Claim Handling

The premium on this policy has not been collected.

Accident MT/1044376

Policy No.	5080551065-02	Vehicle No.	SKV8802D	GST Registration No.
Certificate No.				
Policyholder Name	SHL MOTOR PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90115734	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	14/05/2019 10:10	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/05/2019	Time of Accident hh:mm	10:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPPER THOMSON RD TWDS CITY			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
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	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-09	Related Policy Number	5105872558	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	MUHAMMAD YUSOFF BIN AHMAI	Driver NRIC	S8421925H	Driving Experience
Register Date of Driver License	12/08/2008	Driver Age	34	Contact No.(Home)
Contact No.(Mobile)	90115734	Contact No.(Office)	0	Address 3
Address 1	BLK 104B #	Address 2	CANBERRA STREET	Post Code
Address 4	SINGAPORE 752104	Address Type	Singapore address	
Unit No.				
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 type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SHL MC
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SKV8802D
Claim Description	SKV8802D / SLR8856K ON 13 May 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Finalisation	Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By		Claim Close Date	14/05/2019 10:17
		Workshop Repairer	

Print AK letter

Save Submit

Attachment



Accident No.	MT/1044376	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2019 10:15

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:17	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 May 2019 10:14	Photos	Normal	Photos

Video List