

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 119049927

Date In: 30/1/19-19:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC19013388/24	SAS e-filing		
Veh No: 0ML33452	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/19-15:45	i-Motor Claim Form	M/11035765-001	30/1/19 18:18
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: (

Tel:

Fax:

TP Particulars:

Veh No: W019776

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

NA1905654	Invoice Preparation Checklist		Amf (\$) In Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	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:-			
	QJ:			
	*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		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

## 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	30/07/2019 17:49
Date Of Accident	30/07/2019 16:45
Exact Location Of Accident	TANJONG KATONG RD SOUTH TWDS ECP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML3343Z
Insured/Policyholder	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	53359119L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96233308
Alternative Phone No	OFFICE-96233308
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8 X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5108614334
Cover Note Number	
Driver	
Name of Driver	LIM JOSEPH
NRIC No	S8609727C
Date Of Birth	21/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92280569
Fax Number	
Contact Number	OFFICE-92280569
EEmail Address	NOEMAIL

Address	BLK 223 SERANGOON NORTH AVENUE 4 #09-181
Postcode	550223
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 - 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?	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)	2
Passenger 1	NAME: : SHIVA 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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG LANE 1 CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC1977L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANDASAMY KAVIARASAN
NRIC/Passport Number	G2567102W
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	LIM JOSEPH
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SML3343Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	SHIVA
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SML3343Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

**SUPER STAR LIMO & CAR RENTAL**  
Reg. No.: 53359119L

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

Tramway testing Rd South

A: SMC 32432  
B: WC1977L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

## DECLARATION

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


SUPER STAR LIMO & CAR RENTAL  
Reg. No.: 53359119L

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8609727C



Name  
**LIM JOSEPH**

Race  
**CHINESE**

Date of birth  
**21-03-1986**

Sex  
**M**

Country of birth  
**SINGAPORE**

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S8609727C**


Name  
**LIM JOSEPH**

Birth Date  
**21 Mar 1986**

Issue Date  
**27 Nov 2014**

002370096C

Land Transport Authority



**VOCATIONAL LICENCE**

Licence No: **S8609727C**

Name: **LIM JOSEPH**

PDVL/TDVL  
33 888 8888  
271430

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

For LKK/NAC Use Only

4937717

NRIC No: **S8609727C**

Date of issue  
**29-01-2013**

Address  
**APT BLK 223 SERANGOON AVENUE 4  
#09-181  
SINGAPORE 550223**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Class	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 250 CC	22 Apr 2015
Class 2A	MOTORCYCLES BETWEEN 251 CC AND 400 CC	29 Jul 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	27 Nov 2014

S / No. 9000234481

Licence No: **S8609727C**

NP 428A

For LKK/NAC Use Only

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	17/05/2018

eBaoTech

GeneralClaim

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"/>	5108614334	5108614334-000018	SUPER STAR LIMO & CAR RENTAL	53359119L	GFM	drivo CLASSIC	SML3343Z	SML3343Z	15/05/2019	11/04/2020

 Policy Information

Policy No.	5108614334	Policyholder Name	SUPER STAR LIMO & CAR RENT	Policyholder NRIC	53359119L
Certificate No.	5108614334-000018				
Address	BLK 576 #12-500 WOODLANDS DRIVE 16 SINGAPORE 730576				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/04/2019	Effective Date	12/04/2019 00:00	Expiry Date	11/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	7174.62		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 576 #12-500	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730576
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	12-500	Related Policy Number	5108614334		

 Insured Object: 5108614334-000018

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b>Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/05/2019 00:00	Basic Information Endorsement	000000000004598	Endorsement Take Effective	

Continue

Cancel

## Claim Handling

The premium on this policy has not been collected.

- Exit

## Accident MT/1055763

Policy No.	5108614334	Vehicle No.	SML3343Z	GST Registration No.	
Certificate No.	5108614334-00018				
Policyholder Name	SUPER STAR LIMO & CAR RENTAL			Policyholder NRIC	S3359119L
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96233308	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	0
KPK	<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	Yes

## Accident Details

Report Date	30/07/2019 18:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	30/07/2019	Time of Accident Injunct	16:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TANJONG KATONG RD SOUTH TWDS BCP				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VED OD Excess	0.00	VED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

## 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 576 #12-500	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730576
Address 4		Address Type	Singapore address	Post Code	730576
Unit No.	12-500	Related Policy Number	5108614334		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM JOSEPH	Driver NRIC	S8609727C	Driver DOB	21/03/1986
Register Date of Driver License	27/11/2014	Driver Age	33	Driving Experience	4
Contact No.(Mobile)	92280569	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 223	Address 2	SERANGOON AVENUE 4	Address 3	BOUNDARY VILLE
Address 4	SINGAPORE 550223	Address Type	Singapore address	Post Code	550223
Unit No.	09-181				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer 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 New

Claim Type *	OD-MX	Insured Name	SUPER STAR LIMO & CAR RENT	Insured NRIC	S3359119L
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	*
Email Address		OI Vehicle Number	SML3343Z	TP Vehicle Number	WC1977L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML3343Z / WC1977L ON 30 Jul 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/07/2019 18:15	Claim Close Date		Date Received	30/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit


## Attachment

Accident No.	MT/1055763	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/07/2019 18:20
Path *			
Category *	Confidential	Urgency *	Description *
Clear Please Select	No	Normal	

<input type="text"/>	<input type="button" value="Browse"/>					
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:20	SAS	Normal	SAS 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:19	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:19	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:19	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:19	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:19	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:19	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:18	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:18	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:18	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:18	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:18	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 30 Jul 2019 18:18	Photos	Normal	Photos 2019-7-30		<a href="#">Edit</a>

## Video List

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