

Date In: 29/8/19 14:21	Job description	Date & Time Completed	Done by
Ref No: MA11MC19015264164	SAS e-filing		
Veh No: FS 9688K	E-mail (within 3hrs, AIC 2hrs)		
DDA: 25/8/19 19:15	I-Motor Claim Form	MT/1060048 <sup>001</sup>	29/8/19 14:51
OD: <input checked="" type="radio"/> 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/Wksip		

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

TP Particulars: Veh No: SMA 2020U 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: ( )

- Reminders: (INC hotline: 6789 6016)
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_

Date/Time	Action

MA1906387	Am (\$)	Re-Adv (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao 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 (N/A 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	29/08/2019 14:21
Date Of Accident	25/08/2019 19:15
Exact Location Of Accident	MCE TWDS ECP 2.55KM
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS9688K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAHPRUDIN B ROSELI
NRIC No	S1254967I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91931084
Alternative Phone No	OFFICE-91931084

#### Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX200E
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5070206599-04
Cover Note Number	-

#### Driver

Name of Driver	SAHPRUDIN B ROSELI
NRIC No	S1254967I
Date Of Birth	30/11/1957
Occupation	INDOOR
Date Of Driving Pass	26/01/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91931084
Fax Number	
Contact Number	OFFICE-91931084
EMail Address	NOEMAIL

Address	BLK 320 UBI AVE 1 #03-533
Postcode	400320
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	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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190827/2144 & T/20190829/2089

#### 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	SMA2020U
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)

**DETAILS OF INJURED PERSON 1**

Name	SAHPRUDIN B ROSELI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FS9688K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.



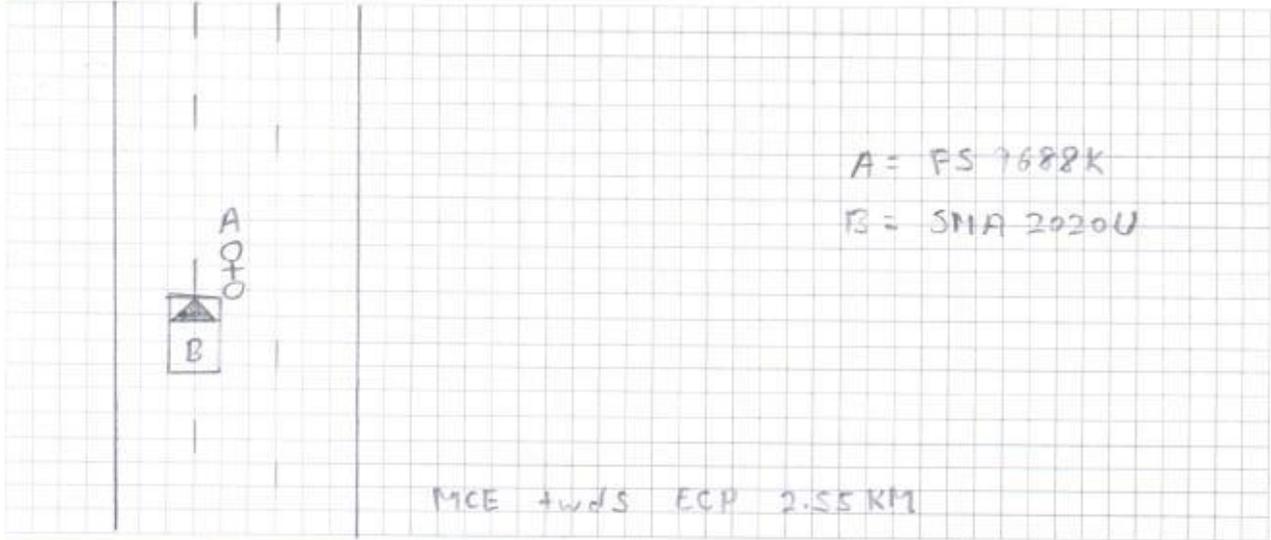
Policyholder's Signature  
Date & Time:

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

Refer to Police Report T/20190827/2144 &  
T/20190829/2089

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.:





**SINGAPORE  
POLICE FORCE**



T/20190827/2144

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190827/2

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SAHPRUDIN BIN ROSELI	ID No.	S12549671
Related Vehicle	FS9688K (Motorcycle)	Contact No.	91931084
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above time date and location,  
I was travelling along MCE on the second lane from the left. Out of a sudden a car hit the rear left side of my vehicle. I fell off my vehicle and was unconscious. Someone called the ambulance and I was then conveyed to Singapore General Hospital. I was then issued with 3 weeks of MC.



**SINGAPORE  
POLICE FORCE**



T/20190827/2144

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Report No. T/20190827/2144

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 18:02
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:

Authentication Stamp  
NP168





T/20190829/2089

1 of 3

Report No. T/20190829/2089

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20190827/2144

Report Number T/20190829/2089

Vide Report Number G/20190825/0238

Date/Time of Report Made 29/08/2019 13:47

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant SAHPRUDIN BIN ROSELI

ID Type / ID No. NRIC NO / S1254967I

Home/Office

Mobile 91931084

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 25/08/2019 19:15

*Subhan*

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS9688K	Motorcycle	PIAGGIO	PX 200E	Green	Slightly Damaged	0
SMA2020U	Car	LAND ROVER	RANGE ROVER SPORT 3.0S/C TSS			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20190829/2089

2 of 3

Report No. T/20190829/2089

**Continuation of CSF For NP168**

Rider			
Name	SAHPRUDIN BIN ROSELI	ID No.	S12549671
Related Vehicle	FS9688K (Motorcycle)	Contact No.	91931084
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	27/08/2019
No. of Days granted Medical Leave	21	Degree of Injury	Serious

**Brief Facts.**

AS STATED TIME, DATE AND LOCATION,  
I WAS RIDING ON THE 2ND LANE FROM THE LEFT WHEN SUDDENLY I FELT AN IMPACT ON MY REAR LEFT. THE IMPACT CAUSE ME TO FLUNG OFF MY BIKE AND I LOST CONSCIOUS DUE TO IT. WHEN I REGAIN CONSCIOUSNESS I WAS ALREADY IN THE HOSPIATAL. I SUFFERED ABRASION ON BOTH MY ARMS AND LEGS, ABRASION ON MY LEFT SIDE OF MY FACE. MY LEFT RIBS WERE SWOLLEN AND WAS DIAGNOSE WITH BRAIN CONCUSSION. WE LATER FOUND OUT THAT THERE WAS A 3MM BRAIN HEMORRHAGE AND WOULD FREQUENTLY VISIT THE HOSPITAL FOR TREATMENT. I WAS THEN ISSUED WITH 3 WEEKS OF HOSPITAL LEAVE. THAT'S ALL.



T/20190829/2089

3 of 3

Report No. T/20190829/2089

## Continuation of CSF For NP168

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / PHUA TIAK YEE
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S12549671



Name  
 SAHPRUDIN BIN ROSELI

Race  
 MALAY

Date of Birth  
 30-11-1957

Sex  
 M

Country of Birth  
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Number S12549671

Name SAHPRUDIN BIN ROSELI

Birth Date 30 Nov 1957

Issue Date 31 Jan 2003



1000174365A

A0014340



NRIC No. S12549671



Blood Group - Date of Issue  
 - 12-06-2003

Address  
 APT BLK 320 UBI AVENUE 1  
 #03-533  
 SINGAPORE 400320

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Jan 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 May 1982

NP 428A

1000174365A

License No. S12549671

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070206599-04		SAHPRUDIN B ROSELI	S12549671	GMC	Third Party	FS9688K	FS9688K	24/02/2019	23/02/2020

Continue

**Claim Handling**

Accident MT/1060048

Policy No.	5070206599-04	Vehicle No.	FS9688K	GST Registration No.	
Certificate No.					
Policyholder Name	SAHRUDIN B ROSELI			Policyholder NRIC	S1254967I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91931084	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>Accident Details</b>					
Report Date	29/08/2019 14:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/08/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE TWDS EOP 2.55KM				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 320 #03-533	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400320
Address 4		Address Type	Singapore address	Post Code	400320
Unit No.		Related Policy Number	5083359143-03		
<b>DI Driver Info</b>					
Driver Name	SAHRUDIN BIN ROSELI	Driver Type	Main Driver	Driver DOB	30/11/1957
Unnamed driver Name		Driver NRIC	S1254967I	Driving Experience	14
Register Date of Driver License	01/01/2005	Driver Age	61	Contact No.(Home)	
Contact No.(Mobile)	91931084	Contact No.(Office)		Address 3	SINGAPORE 400320
Address 1	BLK 320 #03-533	Address 2	UBI AVENUE 1	Post Code	400320
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SAHRUDIN B ROSELI	Insured NRIC	S1254967I	
Contact No.(Mobile)		Contact No.(Home)	67462665	Contact No.(Office)	NIL	
Email Address		DI Vehicle Number	FS9688K	TP Vehicle Number	SMA2020U	
Claim Description	FS9688K / SMA2020U ON 25 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault			
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	29/08/2019 14:49	Claim Close Date		Date Received	29/08/2019 01	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

<b>Attachment</b>					
Accident No.	MT/1060048	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	29/08/2019 14:51		
Path *					
Choose File	No file chosen	Clear	Category *	Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Message Read

Send M

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:51	SAS		Normal	SAS 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:51	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:50	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:50	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:50	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:50	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:50	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:49	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:49	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:49	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:49	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:49	Photos		Normal	Photos 2019-8-29	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 29 Aug 2019 14:49	Photos		Normal	Photos 2019-8-29	

Video List

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

Scan and uploading