

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA 119155078**

Date In: 23/11/19-11:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19020397/24	SAS e-filing		
Veh No: JMD649P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/19-16:15	i-Motor Claim Form	MT129206-001	23/11/19 15:09
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: JMD649P	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

NA 1908884	Invoice Preparation Checklist		Amt (\$) Est Bill	Amt (\$) 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			
	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:-			
QC Checked by (Engr-In-Charge):	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 (N-in INC) against INC \$20			
	9) N12: Idac Mobile \$0			
Est. 1:	Invoice dated	Fee Charged		
Est. 2 / 3:	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	25/11/2019 11:22
Date Of Accident	23/11/2019 16:15
Exact Location Of Accident	JUNC PUNGGOL WAY & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6862P
Insured/Policyholder	
Name Of Registered Owner	TOY CAR
Co Reg No	52883907A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97683998
Alternative Phone No	OFFICE-97683998

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5111775748
Cover Note Number	

Driver

Name of Driver	FOO SAY TOON SEBASTIAN (FU ZHIJUN SEBASTIAN)
NRIC No	S7442823A
Date Of Birth	17/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91874148
Fax Number	
Contact Number	OFFICE-91874148
E-Mail Address	NOEMAIL

Address	BLK 298 TAMPINES STREET 22 #08-554
Postcode	520298
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?	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: : NASHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191123/2152.

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	SHD6499P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE JEN HAW
NRIC/Passport Number	S7317708A
Contact Number	97887170

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name FOO SAY TOON SEBASTIAN (FU ZHIJUN SEBASTIAN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMD6862P

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.

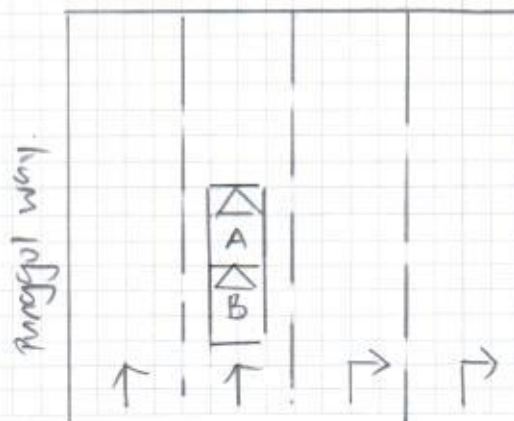


Policyholder's Signature
Date & Time:

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

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

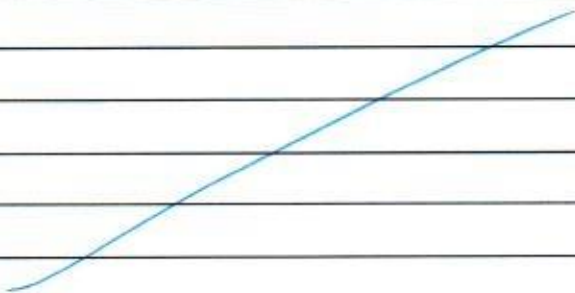
SKETCH PLAN



A: SMD664P
B: JHD6409P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19 11:23/2152.



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/20191123/2152

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20191123/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2019 21:57	Vide Report No.:	Station Diary No.: 110
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Informant's Particulars

Name of Informant: FOO SAY TOON SEBASTIAN		Address: APT BLK 298 TAMPINES STREET 22 #08-554 SINGAPORE 520298	
ID Type / ID No.: NRIC NO / S7442823A		Contact No.: Home/Office: Mobile: 91874148	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 17/12/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GO-JEK DRIVER		Driving Licence Information: Class: 2B.3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2019 16:15	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL WAY Punggol Way before the junction of Punggol Central				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6499P	Car					0
SMD6862P	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191123/2152

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20191123/2152

CONTINUATION OF REPORT

Driver			
Name	FOO SAY TOON SEBASTIAN	ID No.	S7442823A
Related Vehicle	SMD6862P (Car)	Contact No.	91874148
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/11/2019	Date Discharge	23/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 23rd November 2019 at about 1615hrs, I was driving along Punggol Way toward Punggol Central traffic junction with my car bearing registration plate SMD6862P. While driving on the 2nd lane from the left the vehicle in front of me e-brake due to the car in front did a sudden change of lane as such I followed. Suddenly I felt an impact from the rear. Hence I alighted from my vehicle and I discovered one taxi bearing registration plate SHD6499P collided on to my rear. My rear bumper is badly damaged.

I felt pain on my neck shoulder, back and shortness of breath as such I went to Changi General Hospital for medical treatment and was given 7 days medical leave.

I have one female passenger on board namely, Nasha hp: 93387041

The taxi driver is one: Lee Jen Haw S7317708A hp: 97887170

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No: T/20191123/2152

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:
G /
Sgt 3 NURHIDAYAH BINTE IADIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG HOCK
Contact No.: 65476436

Authentication Stamp
NP158

Signature Of Informant

Date/Time:
23/11/2019 21:57

Classification Of Case:

SIGNATURE

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text" value="5111775748"/>	Date of Accident	<input type="text" value="23/11/2019 16:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SMD6862P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111775748	5111775748-000024	TOY CAR	52883907A	GFM	Third Party	SMD6862P	SMD6862P	29/08/2019	28/08/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5111775748	Policyholder Name	TOY CAR	Policyholder NRIC	52883907A
Certificate No.	5111775748-000024				
Address	8 LAKEPOINT DRIVE #01-45 LAKEPOINT CONDOMINIUM SINGAPORE 648926				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/08/2019	Effective Date	29/08/2019 00:00	Expiry Date	28/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess		Windscreen Excess	
Additional Excess	0	OS Premium	2211.60		
Outside Singapore OD Excess		Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 LAKEPOINT DRIVE	Address 2	#01-45 LAKEPOINT CONDOMIN	Address 3	SINGAPORE 648926
Address 4		Address Type	Singapore address	Post Code	648926
Unit No.		Related Policy Number	5111775748		

▶ Insured Object: 5111775748-000024

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1072806

Policy No.	5111775748	Vehicle No.	SMD6862P	GST Registration No.	
Certificate No.	5111775748-000024				
Policyholder Name	TDY CAR			Policyholder NRIC	S2683907A
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	97682998	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	25/11/2019 15:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/11/2019	Time of Accident h:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG PUNGOL WAY & PUNGOL CENTRAL				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	
OD Standard Excess		TP Standard Excess	1,500.00		
VED OD Excess	0.00	VED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	0.00	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	8 LAKEPOINT DRIVE	Address 2	#01-45 LAKEPOINT CONDOMIN	Address 3	SINGAPORE 648926
Address 4		Address Type	Singapore address	Post Code	648926
Unit No.		Related Policy Number	5111775748		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	FOO SAY YOUN SEBASTIAN (FU	Driver NRIC	S7442023A	Driver DOB	17/12/1974
Register Date of Driver License	15/10/2003	Driver Age	44	Driving Experience	16
Contact No. (Mobile)	91874148	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	BLK 298	Address 2	TAMPINES STREET 22	Address 3	SINGAPORE 520298
Address 4		Address Type	Singapore address	Post Code	520298
Unit No.	06-554				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	TDY CAR	Insured NRIC	S2683907A	
Contact No. (Mobile)	96822777	Contact No. (Home)	NIL	Contact No. (Office)	62590111	
Email Address	klwong911@hotmail.com	O1 Vehicle Number	SMD6862P	TP Vehicle Number	SMD6499P	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SMD6862P / SMD6499P ON 23 Nov 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received	
Date Registered	25/11/2019 15:09	Claim Close Date		Date Received	25/11/2019 00:00	
Report Taken By	Jackson					

☒ Print AK letter











Save Submit

Attachment

Accident No.	MT/1072806	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/11/2019 15:09		
Path *		Category *	Confidential	Urgency *	Description *
Browse...	Clear	Please Select	<input type="text"/>	Normal	
Browse...	Clear	Please Select	<input type="text"/>	Normal	
Browse...	Clear	Please Select	<input type="text"/>	Normal	
Browse...	Clear	Please Select	<input type="text"/>	Normal	
Browse...	Clear	Please Select	<input type="text"/>	Normal	

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	Photos		Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	Photos		Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	Photos		Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	Photos		Normal	Photos 2019-11-25
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	Photos		Normal	Photos 2019-11-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 25 Nov 2019 15:09	Photos		Normal	Photos 2019-11-25

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"/>				