

# NATIONAL Assessment Centre Services

Date In: 16/12/2019	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022115/13	SAS e-filing		
Veh No: SKG2892L	E-mail (within 2hrs, MP 2hrs)		
D.O.A: 14/12/19 1950	i-Motor Claim Form	MT/1076013 - 001	
OD: <input checked="" type="radio"/> 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: (	VISION AUTOWORK	Tel:	Fax:
TP Particulars:	Veh No: SMC20694	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)	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

NA1909390	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac 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 Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	Invoice date:	Fee Charged:	
	Invoice date:	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	16/12/2019 16:08
Date Of Accident	14/12/2019 19:50
Exact Location Of Accident	ALONG SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG2892L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHIN HUA
NRIC No	S1639758Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96275280
Alternative Phone No	OTHERS-96275280
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA
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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081813886-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	NG YANG ZHAN
NRIC No	S9333403E
Date Of Birth	08/09/1993
Occupation	INDOOR
Date Of Driving Pass	21/12/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98338773
Fax Number	
Contact Number	
EMail Address	ZERO_NG93@HOTMAIL.COM



Address	BLK 880 YISHUN STREET 81 #07-253
Postcode	760880
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	6
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: : LOW YUAN YI GENDER: : FEMALE

#### 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLIE REPORT: T/20191216/7010

#### 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	SMC2069U
Vehicle Make/Model/Colour	MERCEDES BENZ
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGE7692Y  
Vehicle Make/Model/Colour TOYOTA CAMRY  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLT4768U  
Vehicle Make/Model/Colour HONDA SHUTTLE  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGS191Z  
Vehicle Make/Model/Colour MERCEDES BENZ  
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SKC41K  
Vehicle Make/Model/Colour PORSCHE  
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

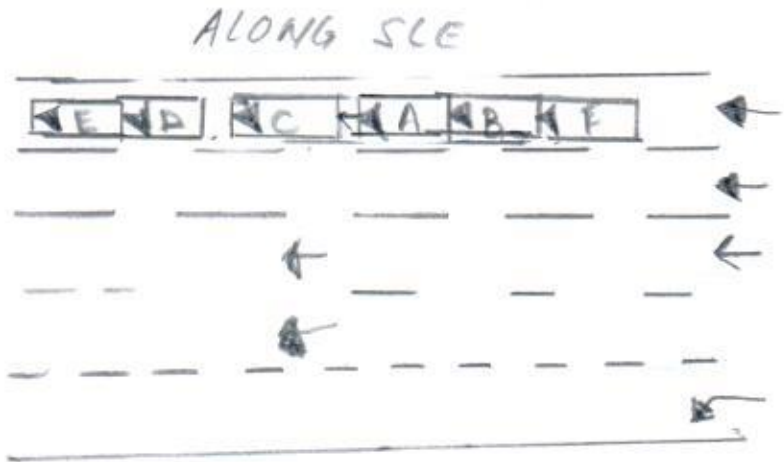
Name LOW YUAN YI  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? SKG2892L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name NG YANG ZHAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SKG2892L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

A - SKG2892L  
B - SMC2069U  
C - SLE7692Y  
D - SLT4768U  
E - SGS1912  
F - SKC41K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20191216/7010

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.:



**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

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/20191216/7010

1 of 3

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

Report No. T/20191216/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 11:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG YANG ZHAN			Address: APT BLK 880 YISHUN STREET 81 #07-253 SINGAPORE 760880		
ID Type / ID No.: NRIC NO / S9333403E			Contact No.: Home/Office:		Mobile: 98338773
Nationality: SINGAPORE CITIZEN			Email: zero_ng93@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 08/09/1993	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SAF Regular		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2019 19:50	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGE7692Y	Car	TOYOTA	Camry	Silver	Slightly Damaged	2
SGS191Z	Car	MERCEDES BENZ	E class	Silver	Slightly Damaged	1
SKC41K	Car	PORSCHE		White	Slightly Damaged	0
SKG2892L	Car	TOYOTA	Corolla	Grey	Totally Damaged	2
SLT4768U	Car	HONDA	Shuttle	Black	Seriously Damaged	0

3  
1  
6  
4  
2





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

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC2069U	Car	MERCEDES BENZ		Red	Slightly Damaged	1

5

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG2892L	NTUC Income Insurance Co-Operative Limited	508181388603	31/07/2019	31/08/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LOW YUAN YI		ID No.	S9333620H
Related Vehicle	SKG2892L (Car)		Contact No.	98223173
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/12/2019		Date Discharge	16/12/2019
No. of Days granted Medical Leave		14	Degree of Injury	Serious
Driver				
Name	NG YANG ZHAN		ID No.	S9333403E
Related Vehicle	SKG2892L (Car)		Contact No.	98338773
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details:

I was driving towards cte sle, before exit 1, the vehicle in front of me emergency braked and in turn emergency braked. I managed to brake on time and the vehicle behind me hit the back of my car, propelling my car forward and hit the vehicle in front. It was a 6 car chain collision.



**SINGAPORE  
POLICE FORCE**



T/20191216/7010

3 of 3

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

Report No. T/20191216/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
HO JIEKANG, IVAN  
Contact No.: 65476170

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
16/12/2019 11:26

Classification Of Case:



[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	14/12/2019 19:50
Vehicle No.(For Motor)	SKG2892L	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5081813886-03		NG CHIN HUA	S1639758Z	GPC	Third Party	SKG2892L	SKG2892L	01/09/2019	31/08/2020

Continue

Claim Handling

Accident MT/1076013

Policy No.

5081813686-03

Vehicle No.

SKG2892L

GST Registra

Certificate No.

Policyholder Name

NG CHIN HUA

Policyholder I

Product Code

PRIVATE CAR INSURANCE

Cover Type

Third Party

Loading

Contact No.(Mobile)

96275280

Contact No.(Office)

0

Contact No.(I

Email Address

Special Remark

eCode

KFK

No

Yes

TCA

No

Yes

eCode Reaso

NCD Protection

Yes

NCD Entitlement(%)

50

Private Hire

Accident Details

Report Date

17/12/2019 09:53

Accident Report Within 24 hrs

Yes

Accident Typ

Date of Accident

14/12/2019

Time of Accident hh:mm

19:50

Country of Ac

Reporting Centre

Orange Force

ICM No.

Accident Location

#LONG SLE

Total Excess Applicable

Excess Type

Per Accident

Windscreen Excess

0.00

OD Standard Excess

0.00

TP Standard Excess

0.00

YIED OD Excess

2,500.00

YIED TP Excess

0.00

Driver is Cow

Additional Excess

Total OD Excess Applicable

2,500.00

Total TP Excess Applicable

0.00

Benefits

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

BLK 120 #05-66

Address 2

GEYLANG EAST CENTRAL

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5081813686-03

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

Unnamed driver Name

NG YANG ZHAN

Driver NRIC

S9333403E

Driving Exper

Register Date of Driver License

21/12/2012

Driver Age

26

Contact No.(I

Contact No.(Mobile)

98338773

Contact No.(Office)

0

Contact No.(I

Address 1

BLK 880

Address 2

YISHUN STREET 81

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

#07-253

Does he own a Singapore Registered car?

Yes

No

Driver Vehicle No.

Driver Insure

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes

No

Modification History

Claim 001 OD-MX

New

Claim Type \*

OD-MX

Insured Name

A

Contact No.(Mobile)

96275280

Contact No. (Home)

9

Email Address

ZERO\_NG93@HOTMAIL.COM

OI Vehicle Number

5

Claim Description

SKG2892L / SMC2069U ON 14 Dec 2019

Preferred Workshop

Insured Liability

Not at Fault

Reported

Preferred

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Contact No.

Finalisation

Yes

Date Registered

17/12/2019 09:58

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter



Save

Submit

Attachment

Accident No. MT/1076013

Claim No. 001

Last Doc. Received \* Yes No

Upload Date 17/12/2019 00:00

Path \*

Category \*

Confid

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen


















Clear

Please Select ▼

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:58	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:58	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:58	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Dec 2019 09:57	Photos		Normal	PI

Video List

Uploaded By/Date	Folder Date	File Name	?
<div>Display in New Window</div> <div>Scan and uploading</div>			