

NATIONAL Assessment Centre Services. Wef 1 Jan 05 **MNA119167471**

Date In: <b>21/1/19 - 14:49</b>	Job description	Date & Time Completed	Done by
Ref No: <b>UA/HIC19022402/24</b>	SAS e-filing		
Veh No: <b>SMH5660J</b>	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: <b>19/1/19 - 21:30</b>	i-Motor Claim Form	<b>27/1/07 6611-00</b>	<b>21/1/19 17:00</b>
OD: <b>TP</b> 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: Vch No: **WU4674R** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Dat 1:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
Dat 2/3:	8) NTUC Additional Services:-			
	9) N12: Idac Mobile	\$0		
	TP (N11): TP (Non INC) against INC	\$20		
	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	20/12/2019 14:49
Date Of Accident	19/12/2019 21:30
Exact Location Of Accident	MCE TWDS ECP (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5660J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83396986
Alternative Phone No	OFFICE-83396986

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD
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	5110688602
Cover Note Number	

### Driver

Name of Driver	LIM JUN HUI, MAURICE
NRIC No	SXXXX717E
Date Of Birth	13/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96330225
Fax Number	
Contact Number	OFFICE-96330225
EEmail Address	NOEMAIL

Address	BLK 867 TAMPINES STREET 83 #10-245
Postcode	520867
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: : - 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

REFER TO STATEMENT.

#### 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	WC4674R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name LIM JUN HUI, MAURICE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMN5660J

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.
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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

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

[A large rectangular area with horizontal lines, crossed out with a diagonal line from the bottom-left to the top-right, indicating that the content is not applicable or has been referred to elsewhere.]

DECLARATION

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

\*

Policyholder's Signature  
Date & Time:



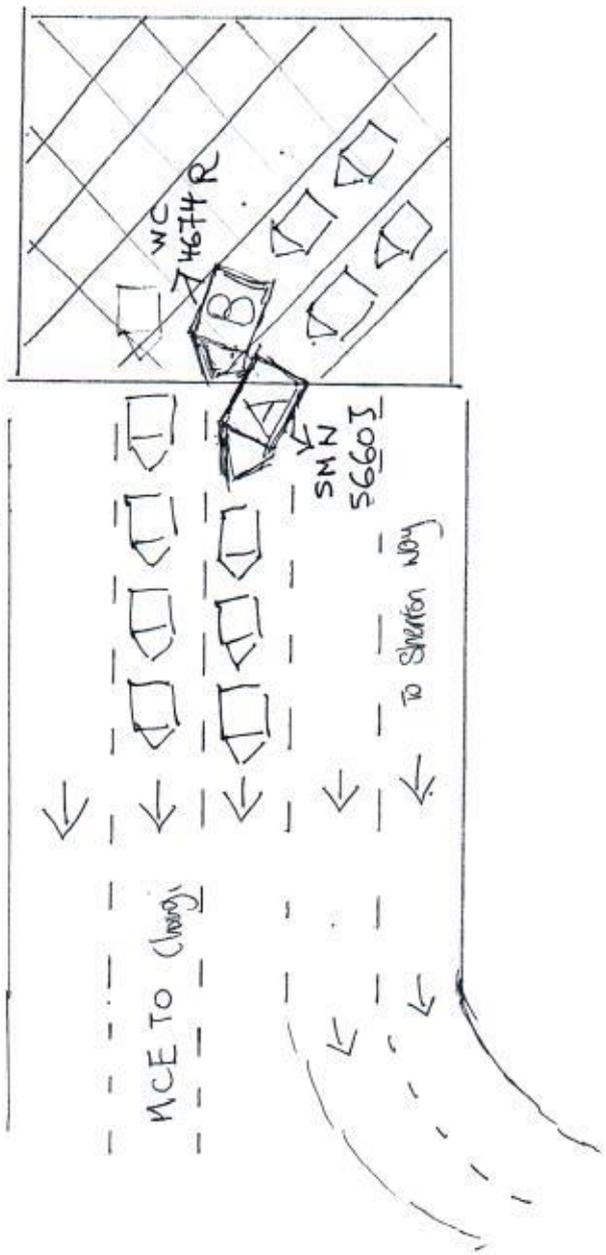
*Rick*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. VEHICLE B WAS ON MY RIGHT SIDE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY STATIONARY RIGHT PORTION.

根牛公司 HP 83396986  
公司 HP 96330225

14/12/2014  
21:30 PM  
SMN 56603



# ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/19) (DD/MM/YYYY), TIME: (21:30) (HH:MM)

LOCATION: MCE Jwds ECP.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JMN5660J  
b) INSURANCE COMPANY: LTC  
c) POLICY NUMBER: 51668850v  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) 3  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Auto Alliance Leasing pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83396986  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lim Jun Hui, Maurice (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: J954717E CONTACT: 96330225  
c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: (12/11/1995) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 14/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_  
6. WAS ANYBODY INJURED (YES / NO) NO - driver only  
7. a) REPORTED TO POLICE (YES / NO) NO  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WC 4674R MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(2)  
1 female.

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email =

fax =

video =

Hello, NAC\_PAYA\_UBI\_800601

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**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"/>	5110688602	5110688602-000025	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	Third Party	SMN5660J	SMN5660J	27/08/2019	09/04/2020

Policy Information

Policy No.	5110688602	Policyholder Name	AUTO ALLIANCE LEASING PTE. I	Policyholder NRIC	201903807W
Certificate No.	5110688602-000025				
Address	55 YUK TONG AVENUE AIRVIEW PARK SINGAPORE 596356				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/06/2019	Effective Date	25/06/2019 00:00	Expiry Date	09/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5110688602		

Insured Object: 5110688602-000025

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/08/2019 00:00	Basic Information Endorsement	null	Entry Rejected	

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

Accident MT/1076611

Policy No.	5110688602	Vehicle No.	SMN5600	GST Registration No.	
Certificate No.	5110688602-000025				
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder NRIC	201903807W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83396986	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
<b>Accident Details</b>					
Report Date	20/12/2019 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	19/12/2019	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MCE TWDS ECP (CHANGE)				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,900.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

<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	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5110688602		

<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/12/1995
Unnamed driver Name	LIM JUN HUI, MAURICE	Driver NRIC	SXXXX717E	Driving Experience	4
Register Date of Driver License	12/03/2015	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	96330225	Contact No.(Office)	0	Address 3	TAMPINES VISTA
Address 1	BLK 867	Address 2	TAMPINES STREET 83	Post Code	520867
Address 4	SINGAPORE 320867	Address Type	Singapore address		
Unit No.	10-245				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>					
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-Mx	Insured Name	AUTO ALLIANCE LEASING PTE. L	Insured NRIC	201903807W
Contact No.(Mobile)	97552383	Contact No.(Home)		Contact No.(Office)	*
Email Address		OT Vehicle Number	SMN5600	TP Vehicle Number	WC4674R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					Name of Preferred Workshop
Claim Description	SMN5600 / WC4674R ON 19 Dec 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/12/2019 17:00	Claim Close Date		Date Received	20/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

**Attachment**

Accident No.	MT/1076611	Claim No.	001
Left Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2019 17:01

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sem? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:01	SAS	Normal	SAS 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Dec 2019 17:00	Photos	Normal	Photos 2019-12-20	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	