NATIONAL Assessment Centre	Services.	[wel 1 Jan 05] .	MINA 11917074	A SACRETE ASSESSMENT
Date in 28 /12/19 15:53	Jeb description		Date & Time Completed	15016 03
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	I-Motor W/O	(Within: OD 2lu	3, TP 4brs)	
(11) - Reporting Only	I-Photo Uplo	nded	1	
	Assessment/Su	rvey Report		
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Professed Wksp / INC Assign Wksp / QW: (Tol:	Fax:
	C 7213 X	. INC (.)/Non-INC()	
Owner/Driver (L 7213		Tal:)
Policy No: () Perio	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30	-100%]
The state of the s	arranty: YES ()	
Excess: (\$) Loading: \$1,000		()		VALUE OF THE PARTY
Goneral Republicant for particular second	Mercales.	Teghtspie		S. 104 31
() Walk-In Customer : Customer's Inform	ation strictly Co	ntidential & St	rictly NO refer of repaired	<u> </u>
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In () / Towad-In (); Invoice:	YES()/ N	r; () or	Towing Co: ()
ttamaris:====(186/160)mi=;6788/161618			Wiphted Larie Schupe 44	G. E. Done by
and the state of t	irtesy Car ()		
2) QC Check / Post Repair Inspection	(·))	1	
1) Upload Resurvey Photo [Repair Cost > \$300) .		- (0-1)-
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UPLICE INC.		6) TR: Re-inspe	ution	\$73
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

- Any false reporting may be referred to the Police for investigation.
 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

	ACCIDENT STATEMENT
Date Of Report	28/12/2019 15:53
Date Of Accident	27/12/2019 23:25
Exact Location Of Accident	WHITLEY RD TWDS PIE NEAR TO RAFFLES TOWN CLUB
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4577T
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Co Reg No	2XXXXX965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	NO
Policy Number	5108502848
Cover Note Number	
Driver	
Name of Driver	YAP CHIN GUAN
NRIC No	SXXXX407A
Date Of Birth	18/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1984
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98930000
Fax Number	
Contact Number	

NOEMAIL

BLK 21 DOVER CRESCENT #14-344 Address

130021 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 4

YES

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 2 : UNKNOWN NAME:

> : FEMALE GENDER:

Passenger 3 NAME: UNKNOWN

> : FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

CHAI CHEE NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258, POSTCODE: 461035, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-445 9999 - FAX NO: 6244 4375 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20191228/2044

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

HAVENT RETRIEVE Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC7213X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

NO

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 YAP CHIN GUAN

Approximate Age

Injuries Sustain NECK, BACK, KNEE

Injured person in which vehicle? SLV4577T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

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Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Name:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder pignature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Joseph

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT DATE: 27 12 19 (DD/MM/YYYY), TIME: 23:25 (HH
	LOCATION: Whitley Rd twds PIE near to & Raffi
	1. DETAILS OF VEHICLE town club.
	- 1 × /01 +
	DINSURANCE COLLEGE
	C)POLICY NUMBER:
	dJPOLICY TYPE: I COMPREHENSING A
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE
	FITYPE: (SALOON / COUPE / NEW 1
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME:
	h)PURPOSE OF USING AT A COURT IT TO MATERIAL / MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE)
	IF NO, PLEASE STATE (THIPD DADY)
	2. INSURED / POLICY HOLDER
	A)NAME: H& H Rental
	- IMPLE / FEMALE)
	c) ADDRESS:CONTACT:
Klas of	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
the of passer	
(Induding dri	b)NRIC/FIN/PASSPORT: SICI SUGT (MALE / FEMALE)
(4)	DINRIC/FIN/PASSPORT: SICI BUILD (MALE / FEMALE)
	CIADDRESS: CONTACT: 9893 000
3 F	
80	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	4. WAS DRIVED AN THINKINGE
	WAS DICIVER AN EMPLOYEE OF THE
	IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiver
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIPE. 5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS 6. WAS ANYBODY IN URED. (MET / OTHERS)
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Police Station Of Origin:

Chai Chee NPP

35 Chai Chee Avenue #01-256 SINGAPORE

461035

Tel No: 1800-4459999

REPORT OF A TRAFFIC ACCIDENT

1 of 3

Report No. T/20191228/2044

Date/Time Report Made: Vide Report No .: Station Diary No .: 28/12/2019 12:55 10 Informant's Particulars Name of Informant: Address: YAP CHIN GUAN APT BLK 21 DOVER CRESCENT #14-344 SINGAPORE 130021 ID Type / ID No .: Contact No.: NRIC NO / S1618407A Home/Office: Mobile: 98930000 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 56 18/10/1963 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: **GRAB DRIVER** Class: 3 Date of Expiry:

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/12/2019 23:2:	Type of Location Straight Road
Location: Along Road 1 WHITLEY RO Along Rd 1 to Weather: Clear		Road Surface:	9	Road Speed Limit:
Traffic Flow:	TS.	Traffic Control:	y	Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SHC7213X	Car	HYUNDAI		Yellow	Slightly Damaged	0	
SLV4577T	Car	TOYOTA	Sienta	Silver	Slightly Damaged	3	

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLV4577T		5108502848000041	28/03/2019	27/03/2020			





2 of 3

Report No. T/20191228/2044

Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE

461035

Tel No: 1800-4459999

CONTINUATION OF REPORT

Any Pedestrian Ir	n Involved						
			Use of Pe	destrian	Cross	ing: NA	
No. of Pedestrian	S Injured. INIL					CONTRACTOR DESCRIPTION	
Driver				ID No.		S1618407A	
Name	YAP CHIN GUAN			ID NO.		310104077	
D. L. L. J. V. L. Lala	01) (4577T (Cos)			Contact No. 9		98930000	
Related Vehicle	SLV4577T (Car)					NACON PLANTS OF THE STATE OF TH	
Hospital/Clinic	C & K FAMILY CLIN	IC PTE LTE)	Class of		Class: 3	
Hospital/Cillic	O a K I / IIII E I O E II .			Drivin	g	Date of Expiry: NIL	
			Licence &				
				Expiry Date			
Date Treatment	28/12/2019		Date Disc	harge	28/12/2019		
	ted Medical Leave	07	Degree o	Degree of Injury S		(4)	

Brief Details.

On 27/12/2019 at around 2325hrs, I was driving my car along Whiteley Rd towards PIE near to the Raffles Town Club. My car was on the left most lane. The traffic was heavy and was moving very slowly.

Suddenly one taxi knocked onto the back of my car. My car did not knocked on any other vehicles. I went out and wanted to exchange particulars with the taxi driver. He refused and just told me to make a report. I only took the taxi vehicle pictures.

During the time of accident, I did not feel any pain. I have 3 passengers in my car. All passengers are not injured. After the accident, we all drove off and I continued on my journey to drop my passengers. No police and no ambulance came to scene.

On 28/12/2019 morning, I started to feel pain on the back of my neck, my back and my knees. I went to see a doctor and I was given 7 days MC.





Police Station Of Origin: Chai Chee NPP 35 Chai Chee Avenue #01-256 SINGAPORE 461035

Report No. T/20191228/2044

Tel No: 1800-4459999

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 / Sr Staff Sgt AHMAD RIDZWAN BIN MD YAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2019 12:55
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601				THE RESERVE OF THE PERSON NAMED IN	Total Carlotte Carlotte	, Change	e Languag	e › Chan	ge Password	• Log Ou
My Desktop	Polic	y Query									
Notice of Loss Policy No.	0.	510850	2848		Date	of Accident		27/12/2019	14:09		
	Vehicle	No.(For Motor)	SLV457	7T		Certif	icate Number	Ç.			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108502848	5108502848- 000041	H & H RENTAL & LEASING PTE, LTD.	201703965Z	GFM	drivo CLASSIC	SLV4577T	SLV4577T	28/03/2019	27/03/2020
						Continue					

Claim Handling

Accident MT/1077572						
Policy No.	5108502648	Vehicle No.	SLV4577T		GST Registration No.	
Cartificate No.	5108502848-000041		65555557			
Policyholder Name	H & H RENTAL & LEASING PTE, LTD.				Policyholder NRIC	2017039652
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC		Loading	ò
Contact No.(Mobile)	97234411	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(%)	0		Private Hire	Yes
Report Date	28/12/2019 16:10	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
Date of Accident	27/12/2019	Time of Accident nh:mm	23:25		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	WHITLEY RD TWDS PIE NEAR TO RAFFLE	S TOWN CLUB				
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
OD Standard Excess	2,000.00			1 0000000		
YIED OD Excess	0.00	TP Standard Excess YIED TP Excess		1,500.00	***************************************	(2000)000
Additional Excess	0.00	TIED IF ENCESS		0.00	Driver is Covered?	Covered
Total OD Excess Applicable	2000,00	Total TP Excess Applicable		1,500.00		
	6000,000	March 15, Concern Properties		1,500.00		
GST Registered Informat	tion					
ST Registered	No		GST BA	gistration Date		
GST Registration No.				etus Verified	Yes	
Addification History			30000.00	3425:50V8370)	,,,,,,	
	ress					
Address 1	61 UBI AVENUE 2	Address 2	g04-12 AUTOM	OBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore addre		Post Code	408898
Init No.	04-12	Related Policy Number	5108502848			7,000
₩ OI Driver Info						
Oriver Name	Unnamed Driver	Driver Type	Unhamed Driver			
Unnamed driver Name	YAP CHIN GUAN	Driver NRJC	\$XXXX407A		Driver DOB	18/10/1963
Register Date of Driver License	26/07/1984	Driver Age	56		Driving Experience	35
Contact No.(Mobile)	98930000	Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 21 #14-344	Address 2	DOVER CRESCE	NT	Address 3	DOVER VILLE
Address 4	SINGAPORE 130021	Address Type	Singapore addre	55	Post Code	130021
Unit No.	14-344					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Freathalyser or Blood Test Reading?	0 mg	Any injury?	+ Yes No			
lodification History						
Claim 001 New						
1000						
Daim Type •				Parties.	Insured H & H RENTAL	s i rectus ave) Insured
and type				OD-MX	- Name	A LEASING PIE, I NRIC 20170.
Contact No.(Mobile)					No. NIL	No. Nil.
					(Home) OI	(Office)
mail Address					Vehicle SLV4577T Number	Vehicle SHC72
						Number Name of
Daim Description				SLV4577T / SHC7213X O	N 27 Dec 2019	Preferred in Workshop
Preferred Workshop in	Preferenced Liability Not at	Fault *				
todisks No. Yes	Repair Preferred Worksho	CIA	1	•		
oate Registered	Option	1201		28/12/2019 16:13	Claim	Date 28/12/
enort Taken Bu					Date	Received Received
eport Taken By				LIEW SHAN HUI		
Print AK letter						
Andrew Market						
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Attachment						
2						
codent No.	MT/1077572	Claim No.		001		
sst Doc. Received	* Yes No	Upload Date		28/12/2019 16:14		
	Path *			Category *	Confidential	Urgency * Descr
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Choose File No file chosen			Clear	Please Select		ormal *
Choose File No file chosen			Clear	Please Select		ormal *
Choose File No file chosen			Clear	Please Select		ormal *
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Claim Handling(accident reporting Claim Task)

Attachment	Uploa	aded By/Date	Category	9	Urgency	Description	
Tools of Table of Tab		NAL ASSESSMENT CENTRE SERVICES) o c 2019 16:14	NRIC/ Driving License	٧	Normali	NRIC/ Driving License 2019-	12-28
400	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:14		ŠAS		Normal	SAS 2019-12-28	
-		NAL ASSESSMENT CENTRE SERVICES) 0 c 2019 16:14	Photos		Normal	Photos 2019-12-28	
2002		NAL ASSESSMENT CENTRE SERVICES) o c 2019 16:14	Photos		Normal	Photos 2019-12-28	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) to 28 Dec 2019 16:14		Photos Normal		Normal	Photos 2019-12-28	
45	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:13		Photos Normal		Normal	Photos 2019-12-28	
120	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:13		Photos Normal		Normal	Photos 2019-12-28	
100	NAC_PAYA_UBI_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} o 28 Dec 2019 16:13		Photos Normal		Normal	Photos 2019-12-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Dec 2019 16:13		Photos Normal		Photos 2019-12-28		
3	NAC_PAYA_USI_800b01(NATIONAL ASSESSMENT CENTRE SERVICES) 0 28 Dec 2019 16:33		Photos	Photos Normal		Photos 2019-12-28	
	NAC_PAYA_U61_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 28 Dec 2019 16:13		Photos Normal		Normal	Photos 2019-12-28	
Video List							
	Uploaded By/Date Folder Date			ile Name		P So	urce:

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