

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA1200460**

Date In: <b>01/12/05 16:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1200460</b>	SAS e-filing		
Veh No: <b>037384</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>8/1/05 12:12</b>	i-Motor Claim Form	<b>07/10/05 12:00</b>	<b>01/12/05 17:30</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: Veh No: **063822** 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

<b>NA1200460</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc Bill	Am't (\$) Add'l 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:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$3		
Pat. 1:	TP (N11): TP (Non INC) against INC \$20		
Pat. 2 / 3:	9) N12: Idac 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	10/01/2020 16:56
Date Of Accident	08/01/2020 10:10
Exact Location Of Accident	KPE TWDS BUANGKOK DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7368Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN POH LENG
NRIC No	SXXXX927I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90035190
Alternative Phone No	OFFICE-90035190

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115200877
Cover Note Number	

### Driver

Name of Driver	TAN POH LENG
NRIC No	SXXXX927I
Date Of Birth	03/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90035190
Fax Number	
Contact Number	OFFICE-90035190
EMail Address	NOEMAIL

Address	BLK 408B FERNVALE ROAD #05-22
Postcode	792408
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 - 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)	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 - SINGAPORE CITY
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/20200109/7031.

#### 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	SLQ3052Z
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)

1

**DETAILS OF INJURED PERSON 1**

Name TAN POH LENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? CB7368Y

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:

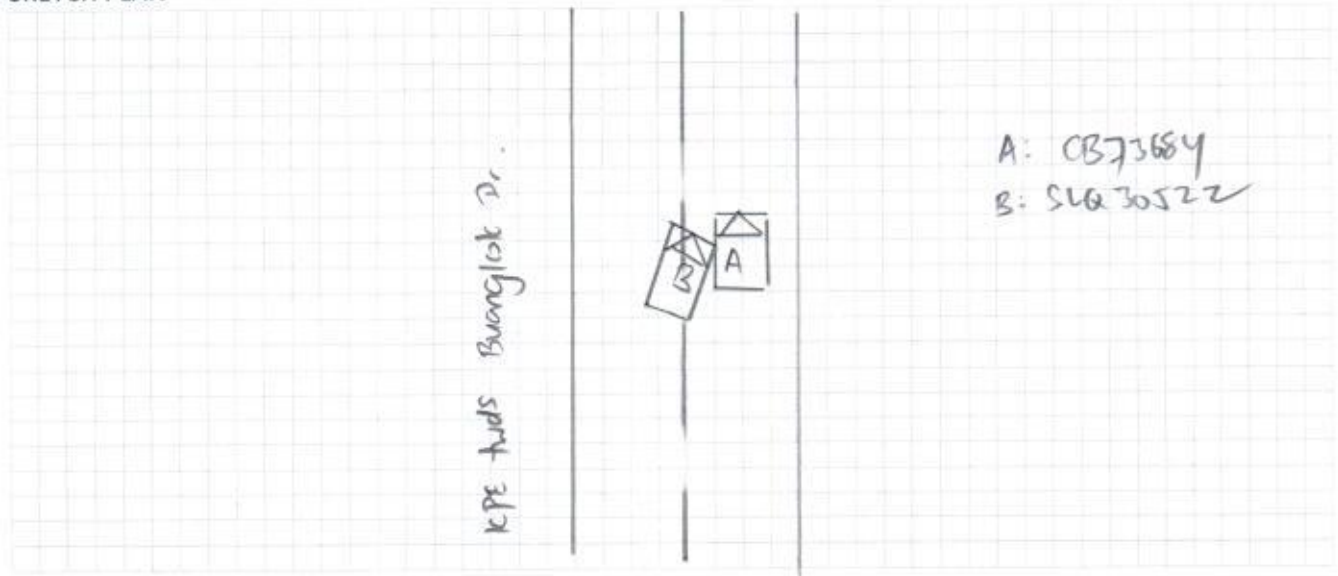
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

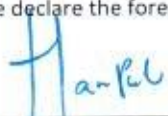


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200109/7031.

## 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/20200109/7031

1 of 3

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

Report No. T/20200109/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/01/2020 23:15	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: TAN POH LENG			Address: APT BLK 408B FERNVALE ROAD #05-22 SINGAPORE 792408		
ID Type / ID No.: NRIC NO / S1756927I			Contact No.: Home/Office:		Mobile: 90035190
Nationality: SINGAPORE CITIZEN			Email: silverninefive@gmail.com		
Sex: Female	Age: 53	Date of Birth: 03/12/1966	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2020 10:10	Type of Location: Straight Road
Location:  KPE exit towards Buangkok Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7368Y	Van	TOYOTA	HIACE HIGH ROOF COMMUTER TURBO AUTO	Silver		0
SLQ3052Z	Car	TOYOTA	Sienta	White	No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20200109/7031

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

2 of 3

Report No. T/20200109/7031

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7368Y	AXA INSURANCE SINGAPORE PTE LTD	CN053104	04/07/2019	27/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN POH LENG	ID No.	S17569271
Related Vehicle	CB7368Y (Van)	Contact No.	90035190
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/01/2020	Date Discharge	09/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I took the exit to Buangkok Drive on KPE. It was a two lane road.  
I was going straight on the right lane when out of a sudden, this vehicle SLQ3052Z cut into my lane and SLQ3052Z side swiped the side of my vehicle.

Upon the impact, I slowly drove my vehicle to the side of the road.  
The driver also stopped behind me and we came down to exchange particulars.

We decided to opt for private settlement.  
I managed to get only his contact number and car plate.

Later in the day, I decided to contact him to discuss about repairs for my vehicle but i couldn't get in contact with him despite ringing him for about 10 times  
My workshop also rang him for several times to no avail.  
Until now 9/1/2020 i still has not got any return call / message from the other vehicle's driver.

Due to the side swipe I injured my right arm and got 3 days MC from the doctor.



**SINGAPORE  
POLICE FORCE**



T/20200109/7031

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

3 of 3

Report No. T/20200109/7031

**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 /  
SHARIFAH NOR FARIZAN BINTE SYED MOHD  
SAID  
Contact No.: 65476172

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:  
09/01/2020 23:15

Classification Of Case:

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5115200877		TAN POH LENG	S17569271	GBS	Third Party, Fire & Theft	CB7368Y	CB7368Y	28/12/2019	11/03/2020

## Policy Information

Policy No.	5115200877	Policyholder Name	TAN POH LENG	Policyholder NRIC	S1756927I
Certificate No.					
Address	BLK 408B #05-22 FERNVALE ROAD CORAL VALE SINGAPORE 792408				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/12/2019	Effective Date	28/12/2019 00:00	Expiry Date	11/03/2020 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		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 408B #05-22	Address 2	FERNVALE ROAD	Address 3	CORAL VALE
Address 4	SINGAPORE 792408	Address Type	Singapore address	Post Code	792408
Unit No.		Related Policy Number	5114861563		

Insured Object: CB7368Y

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: right;"> <div>Continue</div> <div>Cancel</div> </div>				

## Claim Handling

Accident MT/1079522

Policy No.	5115200577	Vehicle No.	CB7368Y	GST Registration No.	
Certificate No.					
Policyholder Name	TAN POH LENG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S17569271
Product Code	BUS INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90035190	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endowment(%)	30	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	10/01/2020 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/01/2020	Time of Accident (h:mm)	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS BUANGKOK DR				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YED OD Excess	0.00	YED 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	BLK 408B #05-22	Address 2	FERNVALE ROAD	Address 3	CORAL VALE
Address 4	SINGAPORE 792408	Address Type	Singapore address	Post Code	792408
Unit No.		Related Policy Number	5114561563		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/12/1966
Unnamed driver Name	TAN POH LENG	Driver NRIC	SXXXX9271	Driving Experience	17
Register Date of Driver License	10/05/2002	Driver Age	53	Contact No.(home)	0
Contact No.(Mobile)	90035190	Contact No.(Office)	0	Address 3	CORAL VALE
Address 1	BLK 408B	Address 2	FERNVALE ROAD	Post Code	792408
Address 4	SINGAPORE 792408	Address Type	Singapore address		
Unit No.	05-22				
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	TAN POH LENG	Insured NRIC	S17569271
Contact No.(Mobile)	90035190	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	CB7368Y	TP Vehicle Number	SLQ30522
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	2.2	Claimant NRIC *			
Claimant Address					
Claim Description	CB7368Y / SLQ30522 ON 8 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/01/2020 17:30	Claim Close Date		Date Received	10/01/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

Attachment

Accident No.	MT/1079522	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/01/2020 17:31						
Path *		Category *		Confidential		Urgency *		Description *	
Browse...	Clear	Please Select		<input type="checkbox"/>		Normal			
Browse...	Clear	Please Select		<input type="checkbox"/>		Normal			
Browse...	Clear	Please Select		<input type="checkbox"/>		Normal			
Browse...	Clear	Please Select		<input type="checkbox"/>		Normal			
Browse...	Clear	Please Select		<input type="checkbox"/>		Normal			
Browse...	Clear	Please Select		<input type="checkbox"/>		Normal			

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	SAS	Normal	SAS 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 10 Jan 2020 17:31	Photos	Normal	Photos 2020-1-10	

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

[Display in New Window](#)
[Scan and uploading](#)