

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MNA 12008687**

Date In: 22/1/20-10:11	Job description	Date & Time Completed	Done by
Ref No: HAJINC 2000145724	SAS e-filing		
Veh No: SMRT 694	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/1/20-14:10	i-Motor Claim Form	M/11080824-01	22/1/20 10:34
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: 2J19934 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

MNA 200794 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
	1) AR: Accident Reporting (\$30);		Est Bill	Adj Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
Q1)*				
*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 \$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	20/01/2020 10:11
Date Of Accident	18/01/2020 14:10
Exact Location Of Accident	ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ569H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INGERSAL SUNDAR RAJAN
NRIC No	SXXXX453E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94247862
Alternative Phone No	OFFICE-94247862

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER M GRADE
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	REPORTING ONLY
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	5113599764
Cover Note Number	

### Driver

Name of Driver	INGERSAL SUNDAR RAJAN
NRIC No	SXXXX453E
Date Of Birth	28/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	16/02/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94247862
Fax Number	
Contact Number	OFFICE-94247862
Email Address	NOEMAIL

Address	BLK 689A WOODLANDS DRIVE 75 #02-92
Postcode	731689
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	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?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1993H
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)	

## 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:

18/01/2020

Driver's Signature

(If driver is not the policyholder)

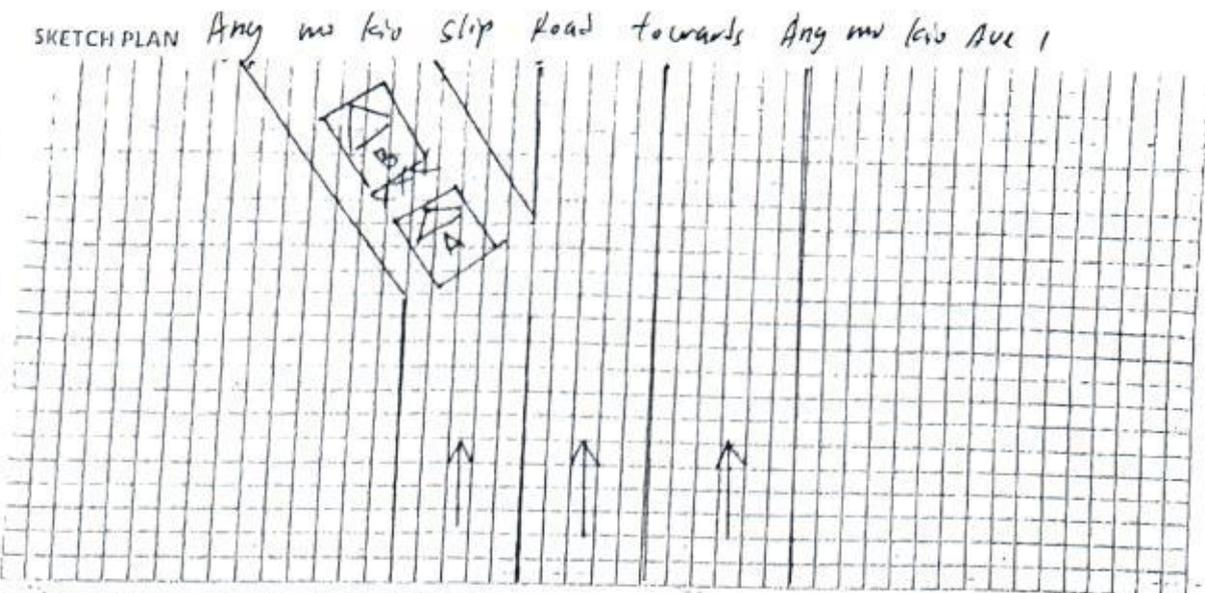
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Veh : A  
 SMQ 569H  
 Veh B  
 SLJ 1993H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated time and date

I was driving my car bearing car plate SMQ 569 H along Ang mo kio Slip Road. While I was turning left to Ang mo kio Ave 1, suddenly a vehicle bearing car plate SLJ 1993 H stop abruptly. I can't stop in time and collided onto his car.

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.:

Date of Accident : 18/1/2020 Accident Time: 1410 (24-HR-Format)  
 Accident Place : ANGI MO KIU AVE 1  
 Vehicle Reg. No. (Car Plate No.) : SMQ 569 H  
 Vehicle Make/Model : Toyota Harrier  
 Insurance Company : NTUL Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : Intersal Sundar Rajan S7160453E  
 Owner or Company Contact No. : 9424 7862 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Intersal sundar Rajan S7160453E  
 DRIVER'S Date Of Birth : 28/10/1971 DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 689A Woodlands Drive 75 #02-42 731689  
 DRIVER'S Contact No / Alt No. : 1) 9424 7862 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : Admin@mycar.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 01  
 Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLJ 1993 H</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Hello, NAC\_PAYA\_UBI\_800601

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[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"/>	5113599764		INGERSAL SUNDAR RAJAN	S7160453E	GPC	drive CLASSIC	SMQ569H	SMQ569H	29/10/2019	28/10/2020

▼ Policy Information

Policy No.	5113599764	Policyholder Name	INGERSAL SUNDAR RAJAN	Policyholder NRIC	S7160453E
Certificate No.					
Address	BLK 689A #02-92 WOODLANDS DRIVE 75 SINGAPORE 731689				
Product Name	PRIVATE CAR INSURANCE	Plan			
Policy Issue Date	23/10/2019	Effective Date	29/10/2019 00:00	Group Policy Flag	N
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 689A #02-92	Address 2	WOODLANDS DRIVE 75	Address 3	SINGAPORE 731689
Address 4	Address Type		Singapore address	Post Code	731689
Unit No.	Related Policy Number		5113599764		

▶ Insured Object: SMQ569H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/10/2019 00:00	POI Move	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 29 Oct 2019 TO 28 Oct 2020</p> <p>Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 30% and not 50% as declared in your policy application. In view of the reduction of NCD, an additional premium of \$615.07 (inclusive of GST) is payable under your present policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 29 Oct 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: GOLDBELL FINANCIAL SERVICES PTE LTD CHASSIS NUMBER: JTEZB3GH40J005061 ENGINE NUMBER: 8ARZ171080 VEHICLE REGISTRATION NUMBER: SMQ569H ORIGINAL REGISTRATION DATE: 29 Oct 2019</p>
2	29/10/2019 00:00	NCD Endorsement	Endorsement Take Effective	
3	29/10/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue Cancel

**Claim Handling**

Accident MT/1060824

Policy No.	5113599764	Vehicle No.	SMQ569H	GST Registration No.	
Certificate No.					
Policyholder Name	INGERSAL SUNDAR RAJAN			Policyholder NRIC	S7160453E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	94247862	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30	Private Hire	Yes
<b>↳ Accident Details</b>					
Report Date	20/01/2020 10:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/01/2020	Time of Accident h:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 1				
<b>↳ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

**↳ 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 689A 402-92	Address 2	WOODLANDS DRIVE 75	Address 3	SINGAPORE 731689
Address 4		Address Type	Singapore address	Post Code	731689
Unit No.		Related Policy Number	5113599764		

**↳ OI Driver Info**

Driver Name	INGERSAL SUNDAR RAJAN	Driver Type	Main Driver	Driver DOB	28/10/1971
Unnamed driver Name		Driver MUC	S7160453E	Driving Experience	11
Register Date of Driver License	16/02/2008	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	94247862	Contact No.(Office)	0	Address 3	SINGAPORE 731689
Address 1	BLK 689A	Address 2	WOODLANDS DRIVE 75	Post Code	731689
Address 4		Address Type	Singapore address		
Unit No.	02-92				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	INGERSAL SUNDAR RAJAN	Injured NRIC	S7160453E
Contact No.(Mobile)	94247862	Contact No.(Home)	64680483	Contact No.(Office)	
Email Address	rajah1971@hotmail.com	OI Vehicle Number	SMQ569H	TP Vehicle Number	SL1993H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMQ569H / SL1993H ON 18 Jan 2020		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, name unknown	GIA report	Received
Date Registered	20/01/2020 10:34	Claim Close Date		Date Received	20/01/2020 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/1060824	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2020 10:36
Path *		Category *	
	Browse... <b>Clear</b>	Please Select	Confidential <input type="checkbox"/> Normal <input checked="" type="checkbox"/>
	Browse... <b>Clear</b>	Please Select	Confidential <input type="checkbox"/> Normal <input checked="" type="checkbox"/>
	Browse... <b>Clear</b>	Please Select	Confidential <input type="checkbox"/> Normal <input checked="" type="checkbox"/>
	Browse... <b>Clear</b>	Please Select	Confidential <input type="checkbox"/> Normal <input checked="" type="checkbox"/>
	Browse... <b>Clear</b>	Please Select	Confidential <input type="checkbox"/> Normal <input checked="" type="checkbox"/>
	Browse... <b>Clear</b>	Please Select	Confidential <input type="checkbox"/> Normal <input checked="" type="checkbox"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	SAS	Normal	SAS 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Jan 2020 10:35	Photos	Normal	Photos 2020-1-20	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Scan and uploading