NATIONAL Assessment Centre Services (ref: Jan'09) MHA1200166G3

Date In: 6/2/20 - 12:35	Job description	Date & Time Completed	Done by
Ref No: MA/INC 2000278/20	SAS e-filing		
Veh No: SJK1987	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/2/20 - 09:10	i-Motor Claim Form	MM1083229-001	6/2/20 15:35
OD : TP / 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: GSF1249M 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

HA2001189

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
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 2009)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OR*			
*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	30		
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 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.
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	06/02/2020 12:32
Date Of Accident	06/02/2020 09:10
Exact Location Of Accident	PIE (CHANGI) AFTER THOMSON FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGZ198T
Insured/Policyholder	
Name Of Registered Owner	LU SEE MING
NRIC No	SXXXX142I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94767028
Alternative Phone No	OFFICE-94767028
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051601207-08
Cover Note Number	
Driver	
Name of Driver	LU SEE MING @LOO SEE MING
NRIC No	SXXXX142I
Date Of Birth	28/11/1951
Occupation	INDOOR
Date Of Driving Pass	18/06/1976
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94767028
Fax Number	
Contact Number	OFFICE-94767028
EMail Address	NOEMAIL

Address	BLK 551 CHOA CHU KANG STREET 52 #09-47
Postcode	680551
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	CHAIN COLLISION
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	3
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?	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	GBF1249M
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ1221D

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)	

DETAILS OF INJURED PERSON 1

Name	LU SEE MING @LOO SEE MING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGZ198T
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 Record's 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

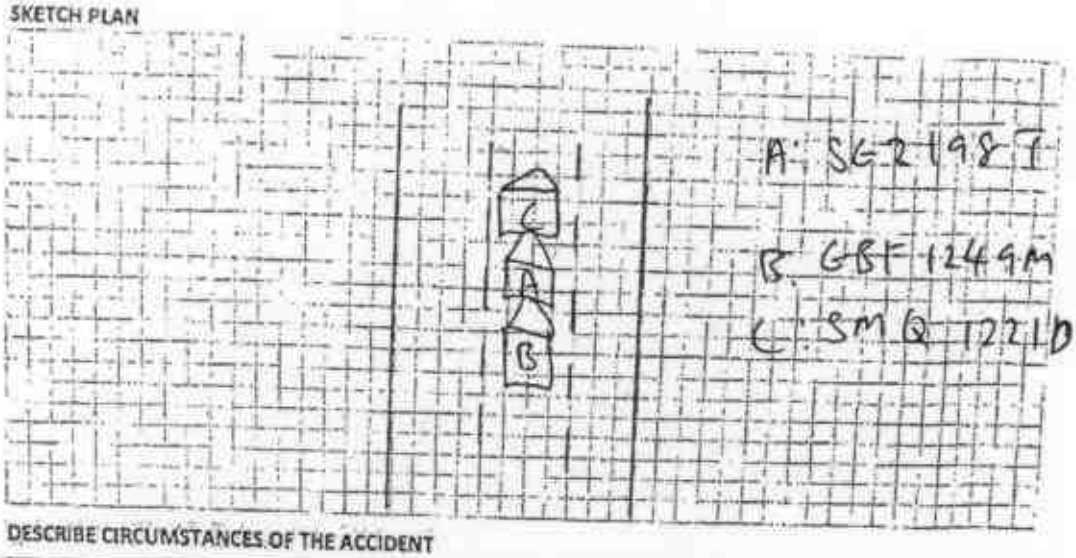
   (ii) for complying with requirements under any regulations, laws or court orders.

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

I was travelling along PIE(changi). The vehicle in front slowed down & stop. & I also slowed down & stop. Suddenly, I felt a huge impact from the rear. The impact was so big that it caused my vehicle to move in front and hit ono the vehicle in front. I got down & realise 3 cars was involved

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

Accident details

Date and time of accident	Date: 6/2/16 (DD/MM/YY) Time: 9:10Am (HH:MM)
Exact location of accident	PIE (changi) after Thomson Flyover

Details of vehicle

Vehicle registration number	SG2198BT
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☑ If no, please select: Third part claim ☑ Reporting only ☐

Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

Insured / Policy holder

Name	Ln See Ming Male ☑ Female ☐
NRIC / Fin / Passport number	S1316142I
Contact	94767028
Address	551 Choa Chu Kang St 52 #09-47 S(680551)

Driver

Same as insured above ☑ (skip to D.O.B)

Name	Male ☐ Female ☐
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	28/11/1951
Occupation	Indoor ☑ Outdoor ☐
Driving date pass	12/6/1976

General information of the accident

Was driver an employee of the Insured's company?	Yes ☐ No ☐ If no, relationship of the driver and Insured: Ryf
Accident captured by camera?	Yes ☐ No ☑
Weather condition	Clear ☑ Raining ☐ Others:
Road surface	Dry ☑ Wet ☐
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	Lu Su Min
Gender	Male ☑ Female ☐

Passenger 2

Name	
Gender	Male ☐ Female ☐

Passenger 3

Name	
Gender	Male ☐ Female ☐

Passenger 4

Name	
Gender	Male ☐ Female ☐

Passenger 5

Name	
Gender	Male ☐ Female ☐

Passenger 6

Name	
Gender	Male ☐ Female ☐

Other information

Was anybody injured?	Yes ☐ No ☐
Was other vehicle damaged?	Yes ☐ No ☐

Details of police action

Reported to police?	Yes ☐ No ☐ If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBF 1249M
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SMG 1221 D
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	

Witness 2

Name	

Injured person 1

Name	Ln SCL min)
Injuries sustained	Body
Which vehicle person in?	SC 2 (98 T
Were seat belts worn?	Yes ☑ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☑

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐


eBaoTech
GeneralClaim
Hello, NAC_PAYA_UBI_800601
Change Language
Change Password
Log Out
My Desktop
Notice of Loss
Policy Query
Policy No.
Vehicle No.(For Motor)
SGZ198T
Date of Accident
06/02/2020 09:10
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5051601207-08
LU SEE MING
S1315142J
GPC
drive CLASSIC
SGZ198T
SGZ198T
16/10/2019
15/10/2020
Continue

Policy Information

Policy No.	5051601207-08	Policyholder Name	LU SEE MING	Policyholder NRIC	S1316142I
Certificate No.					
Address	BLK 551 #09-47 CHOA CHU KANG STREET 52 SINGAPORE 680551				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/10/2019	Effective Date	16/10/2019 00:00	Expiry Date	15/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	I CARE GENERAL INSURANCE A	Agent Tel.	67485585	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 551 #09-47	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 680551
Address 4		Address Type	Singapore address	Post Code	680551
Unit No.	09-47	Related Policy Number	5051601207-08		

Insured Object: SGZ198T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident NT/1083229

Policy No: 505160/1207-08 | Vehicle No: SGZ1987 | GST Registration No:

Certificate No.

Policyholder Name: LU SEE HONG | Policyholder NRIC: S1318142I

Product Code: PRIVATE CAR INSURANCE | Cover Type: Privi CLASSIC | Loading: 0

Contact No.(Mobile): 94787028 | Contact No.(Office): 0 | Contact No.(Home): 0

Email Address: | Special Remark: | eCode:

NTR: No / Yes | TCA: No / Yes | eCode Reason:

NCD Protection: Yes | NCD entitlement(%): 30 | Private Hire: No

Accident Details

Report Date: 06/02/2020 13:37 | Accident Report Within 24 hrs: Yes | Accident Type: Chain Collision

Date of Accident: 06/02/2020 | Time of Accident (24HH): 09:10 | Country of Accident: Singapore

Reporting Centre: | Orange Force: | ICM No.:

Accident Location: PIE (CHANGI) AFTER THOMSON FLYOVER

Total Excess Applicable

Excess Type: Per Accident | Withdrawn Excess: 100.00

OD Standard Excess: 600.00 | TP Standard Excess: 0.00

YDD OD Excess: 0.00 | YDD TP Excess: 0.00 | Driver is Covered?: Covered

Additional Excess: 0

Total OD Excess Applicable: 600.00 | 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 331 #09-47 | Address 2: CHOA CHU KANG STREET 52 | Address 3: SINGAPORE 680051

Address 4: | Address Type: Singapore address | Post Code: 680051

Unit No.: 09-47 | Related Policy Number: 505160/1207-08

Of Driver Info

Driver Name: LU SEE HONG | Driver Type: Main Driver

Licensed Driver Name: | Driver NRIC: S1318142I | Driver DOB: 28/11/1951

Register Date of Driver License: 18/06/1975 | Driver Age: 68 | Driving Experience: 43

Contact No.(Mobile): 94787028 | Contact No.(Office): 0 | Contact No.(Home): 0

Address 1: BLK 331 | Address 2: CHOA CHU KANG STREET 52 | Address 3: SINGAPORE 680051

Address 4: | Address Type: Singapore address | Post Code: 680051

Unit No.: 09-47

Does he own a Singapore Registered Car? * Yes / No | Driver Vehicle No: | Driver Insurer Company:

Declaration:

Breathalyser or Blood Test Reading? 0 mg | Any Injury? Yes / No

Modification History:

Claim 001 New

Claim Type *: 100 PW | Insured Name: LU SEE HONG | Insured NRIC: S1318142I

Contact No.(Mobile): 94787028 | Contact No.(Home): 67877217 | Contact No.(Office):

Email Address: jiaming.lu@gmail.com | Of Vehicle Number: SGZ1987 | TP Vehicle Number: GBP1249M

Claimant Type Claimant Type *: Please Select | Type of Benefit *: Please Select

Claimant Name *: | Add | Claimant NRIC *:

Claimant Address:

Claim Description: SGZ1987 / GBP1249M ON 6 Feb 2020 | Name of Preferred Workshop:

Preferred Workshop Contact No.: | Insured Liability *: Not at Fault

Acquire Finalization: Yes | Preferred Repair Option: Preferred Workshop, Name unknown | GIA report: Received

Date Registered: 06/02/2020 13:15 | Claim Close Date: | Date Received: 06/02/2020 00:00

Report Taken By: Jackson

Print All Items

Save | Submit

Attachment

Accident No: NT/1083229 | Claim No: 001

Last Doc. Received: Yes / No | Upload Date: 06/02/2020 13:37

Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select		Normal	
	Browse... Clear	Please Select		Normal	
	Browse... Clear	Please Select		Normal	
	Browse... Clear	Please Select		Normal	
	Browse... Clear	Please Select		Normal	
	Browse... Clear	Please Select		Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:37	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:38	SAS		Normal	SAS 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:38	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:38	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:38	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:38	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:36	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:36	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:36	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:35	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:35	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:35	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:35	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:35	Photos		Normal	Photos 2020-2-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2020 11:36	Photos		Normal	Photos 2020-2-6	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Start and uploading