

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MINA 002955

Date In: 6/4/20 - 12:33	Job description	Date & Time Completed	Done by
Ref No: NA 100200300424	SAS e-filing		
Veh No: 500 7151C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/3/20 - 16:40	i-Motor Claim Form	17/10/2024 001	6/3/20 17:41
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: SLF 6468X

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

NA 2004980

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Lat. 1:

Lat. 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: 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:-		
QD*		
*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 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	06/03/2020 17:33
Date Of Accident	05/03/2020 16:40
Exact Location Of Accident	PIE (TUAS) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7115K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN
NRIC No	SXXXX112G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90292051
Alternative Phone No	OFFICE-90292051

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4X A
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	5103867684-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN
NRIC No	SXXXX112G
Date Of Birth	26/04/1984
Occupation	INDOOR
Date Of Driving Pass	17/06/2004
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90292051
Fax Number	
Contact Number	OFFICE-90292051
Email Address	NOEMAIL

Address	BLK 495F TAMPINES STREET 43 #02-358
Postcode	525495
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	WET

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	SLF6468X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAI WEIBIN, RENDY
NRIC/Passport Number	
Contact Number	97907042
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

X

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



Vehicle A: SJJ7115K
Vehicle B: SLF6468X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJJ7115K) traveling along PIE tuas Tuas on first lane of a 4-lanes, expressway. Somewhere before Thomson Road Exit, vehicle ahead slowed down and stopped due to the traffic accident ahead. As such, I applied brake and stopped completely behind vehicle ahead. Out of sudden, vehicle B (SLF6468X) came from rear and collided onto the rear portion of my vehicle.

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.:

Vehicle No.	SJJ7115K		Model / Make	Toyota Estima
Date of Accident	5/3/2020			
Time of Accident	1640	HRS		
Location of Accident	Along PIE tuds Tuas before Thomson Road Exit			
Exact purpose use during accident	Private use			
Name of Owner	Mohammad Idris Khan Surathee Bin Abdul Kahim Khan			
Telephone No.	H/P : 9029 2051	Home :	Office :	
NRIC	S8403112C			
Address	BLK 495F Tampines Street 43 #02-358 S(525495)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5103867684-01			
Name of Driver	As Above If No,			
NRIC	Any Passengers : -			
Date of birth	26/4/1984			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	17/6/2009			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SLF 6468X		Any Passengers : -	
Name of Driver	Dai Wei Bin, Rendy		Contact No. : 9790 7042	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Rear portion			
Camera Recorder	Yes / (No)			
Email Address	M.IDRISKHAN @ HOTMAIL . COM .			
PARTICULAR WORKSHOP	Twincor Automotive Pte Ltd			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Ting			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	Sales @ n51 . com . sg			

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5103867684-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJJ7115K**
Chassis Number : ACR500075867
2. Name of Policyholder : **MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN SURATTEE**
3. Effective Date of Insurance : **23 Sep 2019**
4. Expiry Date of Insurance : **22 Sep 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN SURATTEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : **SONA INSURANCE AGENCIES (00000573757)**
Date of Issue : **17 Sep 2019 16:16 hrs**
Reprint : **17 Sep 2019 16:17 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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"/>	5103867684-01		MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN SURATTEE	58403112G	GPC	drive CLASSIC	SJ37115K	SJ37115K	23/09/2019	22/09/2020

Policy Information

Policy No.	5103867684-01	Policyholder Name	MOHAMMAD IDRIS KHAN SURAN	Policyholder NRIC	S8403112G
Certificate No.					
Address	BLK 495F #02-358 TAMPINES STREET 43 SINGAPORE 525495				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	17/09/2019	Effective Date	23/09/2019 00:00	Expiry Date	22/09/2020 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	SONA INSURANCE AGENCIES	Agent Tel.	81131335	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 495F #02-358	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 525495
Address 4		Address Type	Singapore address	Post Code	525495
Unit No.	02-358	Related Policy Number	5103867684-01		

Insured Object: SJJ7115K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1087244

Policy No.	5103867684-01	Vehicle No.	S17115K	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN SURATTEE			Policyholder NRIC	S8403112G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90292051	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	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	06/03/2020 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/03/2020	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (TUAS) BEFORE THOMSON RD EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
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 495F #02-358	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE S25495
Address 4		Address Type	Singapore address	Post Code	S25495
Unit No.	02-358	Related Policy Number	5103867684-01		

▼ OI Driver Info

Driver Name	MOHAMMAD IDRIS KHAN SURATTEE BIN ABDUL RAHIM KHAN SURATTEE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8403112G	Driver DOB	26/04/1984
Register Date of Driver License	17/06/2004	Driver Age	35	Driving Experience	15
Contact No.(Mobile)	90292051	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 495F	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE S25495
Address 4		Address Type	Singapore address	Post Code	S25495
Unit No.	02-358				
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		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MOHAMMAD IDRIS KHAN SURATTEE	Insured NRIC	S8403112G
Contact No.(Mobile)	90292051	Contact No.(Home)	67853051	Contact No.(Office)	
Email Address	m.idris.khan@hotmail.com	OI Vehicle Number	S17115K	TP Vehicle Number	51F6468X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S17115K / 51F6468X ON 3 Mar 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	06/03/2020 17:41	Claim Close Date		Date Received	06/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No.	MT/1087244	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2020 17:42
Path *		Category *	
	Browse... Clear	Please Select	ND
	Browse... Clear	Please Select	ND
	Browse... Clear	Please Select	ND
	Browse... Clear	Please Select	ND
	Browse... Clear	Please Select	ND
	Browse... Clear	Please Select	ND

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	SAS	Normal	SAS 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 06 Mar 2020 17:42	Photos	Normal	Photos 2020-3-6	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display In New Window"/> <input type="button" value="Scan and uploading"/>				