

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MNA20034912**

Date In: 23/3/20-16:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC200401124	SAS e-filing		
Veh No: 5mp41982	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/3/20-02:00	i-Motor Claim Form	27/1089057-001	23/3/20 17:04
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 <u>Fax / Hand</u> to Owner/Wksp		

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

TP Particulars:	Veh No: PA9296H	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Dat. 2 / 3:	8) NTUC Additional Services:-			
	OD*			
	*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 (N-in 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	20/03/2020 16:14
Date Of Accident	20/03/2020 07:00
Exact Location Of Accident	SUNVIEW RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4198Z
Insured/Policyholder	
Name Of Registered Owner	KUMARAN S/O VELLASAMY
NRIC No	SXXXX721Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84440805
Alternative Phone No	OFFICE-84440805

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 AMG LINE 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	5116342614
Cover Note Number	

Driver

Name of Driver	KUMARAN S/O VELLASAMY
NRIC No	SXXXX721Z
Date Of Birth	05/08/1986
Occupation	INDOOR
Date Of Driving Pass	28/12/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84440805
Fax Number	
Contact Number	OFFICE-84440805
EEmail Address	NOEMAIL

Address	BLK 665C PUNGGOL DRIVE #04-532
Postcode	823665
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9796H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	RAMANATHAN LAKSHMI KANDAN BHARATHI RAJ
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

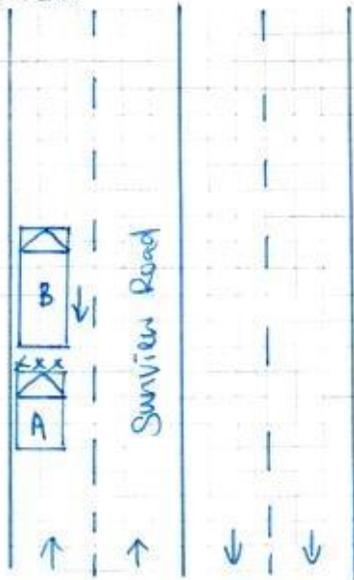


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Veh A: SMP 4198Z
Veh B: PA 9796H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was parked my vehicle A (SMP 4198Z) along Sunview Road road side. After that I left the vehicle and I ensured my vehicle was in good condition. I came back to my vehicle around few minute time and I realised there was damaged on my front parton. I then checked my in car camera and I managed to contact the driver of vehicle B (PA 9796H). We exchanged both party partikular and decided to report to our insurance.

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.	SMP4198Z	Model / Make	Mercedes Benz A200
Date of Accident	20/3/2020		
Time of Accident	0700	HRS	
Location of Accident	Along Sunview Road		
Exact purpose use during accident	Private use		
Name of Owner	Kumaran s/o Vellasamy		
Telephone No.	H/P : 8444 0805	Home :	Office :
NRIC	S86217212		
Address	BLK 665C Punggol Drive #04-532 S(823665)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5116342614		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	-
Date of birth	5/8/1986		
Occupation	Outdoor / Indoor		
Driving License Pass Date	28/12/2010		
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.	PA 9796H	Any Passengers :	
Name of Driver	Ramanathan Lakshmi	Contact No. :	
Vehicle C No.	Kandan Bharathi Raj	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	Front portion		
Camera Recorder	Yes / No		
Email Address	kumaran_0508@hotmail.com		
PARTICULAR WORKSHOP	N-51 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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116342614 **Cover :** drivo PREMIUM

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SMP4198Z |
| Chassis Number | : WDD1770872J007682 |
| 2. Name of Policyholder | : KUMARAN S/O VELLASAMY |
| 3. Effective Date of Insurance | : 21 Feb 2020 |
| 4. Expiry Date of Insurance | : 20 Feb 2021 |
| 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KUMARAN S/O VELLASAMY
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 21 Feb 2020 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116342614		KUMARAN S/O VELLASAMY	S8621721Z	GPC	drive PREMIUM	SMP4198Z	SMP4198Z	21/02/2020	20/02/2021

Continue

Policy Information

Policy No.	5116342614	Policyholder Name	KUMARAN S/O VELLASAMY	Policyholder NRIC	S8621721Z
Certificate No.					
Address	BLK 665C #04-532 PUNGGOL DRIVE WATERWAY WOODCRESS SINGAPORE 823665				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/02/2020	Effective Date	21/02/2020 00:00	Expiry Date	20/02/2021 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 665C #04-532	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY WOODCRESS
Address 4	SINGAPORE 823665	Address Type	Singapore address	Post Code	823665
Unit No.	04-532	Related Policy Number	5116342614		

Insured Object: SMP4198Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1089057

Policy No.	S116342614	Vehicle No.	SMP4198Z	GST Registration No.	
Certificate No.					
Policyholder Name	KUMARAN S/O VELLASAMY	Policyholder NRIC	S8621721Z		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	84440805	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	20/03/2020 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	20/03/2020	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNVJEW RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

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 665C #04-932	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY WOODCRESS
Address 4	SINGAPORE 823665	Address Type	Singapore address	Post Code	823665
Unit No.	04-532	Related Policy Number	S116342614		

01 Driver Info

Driver Name	KUMARAN S/O VELLASAMY	Driver Type	Main Driver	Driver DOB	05/08/1986
Unnamed driver Name		Driver NRIC	S8621721Z	Driving Experience	9
Register Date of Driver License	28/12/2010	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	84440805	Contact No.(Office)	0	Address 1	BLK 665C
Address 1	BLK 665C	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY WOODCRESS
Address 4	SINGAPORE 823665	Address Type	Singapore address	Post Code	823665
Unit No.	04-532				
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-MK	Insured Name	KUMARAN S/O VELLASAMY	Insured NRIC	S8621721Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SMP4198Z	TP Vehicle Number	PA9796H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP4198Z / PA9796H ON 20 Mar 2020		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/03/2020 17:04	Claim Close Date		Date Received	20/03/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1089057	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2020 17:05

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	SAS		Normal	SAS 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	
	NAC_PAYA_USI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Mar 2020 17:05	Photos		Normal	Photos 2020-3-20	

Video List

Uploaded By/Date	Folder	Date	File Name		Source	Action
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