

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MANV 0038368

Date In: 31/3/2013	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2004722/24	SAS e-filing		
Veh No: SK770317	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/3/2013 - 07:15	i-Motor Claim Form	NA/190148-01	31/3/2013 10:53
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: SMAS804

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

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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 (N=1 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref. 1:

Ref. 2/3:

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	31/03/2020 10:34
Date Of Accident	30/03/2020 07:15
Exact Location Of Accident	SLIP RD PUNGGOL FIELD TWDS EDGEFIELD PLAINS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7031D
Insured/Policyholder	
Name Of Registered Owner	ZHU XIAOZHONG
NRIC No	SXXXX652C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81128641
Alternative Phone No	OFFICE-81128641

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X 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	5072273427-04
Cover Note Number	

Driver

Name of Driver	ZHU XIAOZHONG
NRIC No	SXXXX652C
Date Of Birth	15/12/1979
Occupation	INDOOR
Date Of Driving Pass	16/05/2009
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81128641
Fax Number	
Contact Number	OFFICE-81128641
Email Address	NOEMAIL

Address	17 PUNGGOL FIELD WALK #15-06
Postcode	828747
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SMA580H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO WEI CHEW
NRIC/Passport Number	
Contact Number	91091815
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

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:

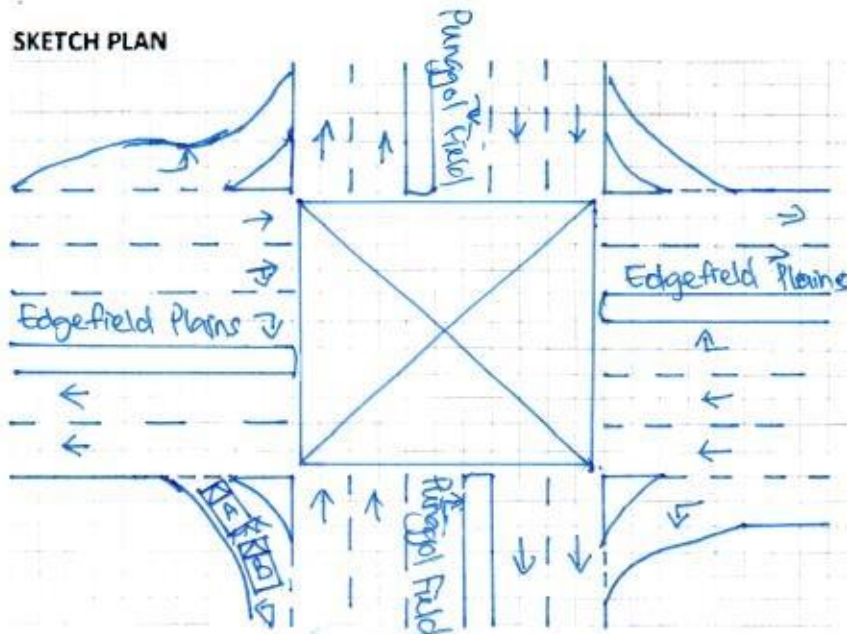
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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: SKT7031D
Veh B: SMA580H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SKT7031D) traveling along Punggol Field towards Punggol Way on forth line of a 4-lanes road. Somewhere at the slip road to Edgefield Plains, I slowed down and stopped my vehicle before stop line to give way to oncoming vehicle. Out of sudden, vehicle B (SMA580H) came from rear and collided directly 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.	SKT 7031D	Model / Make	Honda Vezel
Date of Accident	30/3/2020		
Time of Accident	0715	HRS	
Location of Accident	Along Punggol Field Slip road to Edgefield Plains		
Exact purpose use during accident	Private use		
Name of Owner	Zhu Xiaozhong		
Telephone No.	H/P : 8112 8641	Home :	Office :
NRIC	S7981652C		
Address	17 Punggol Field Walk #15-06 S(828747)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5072273427-04		
Name of Driver	As Above If No,		
NRIC	Any Passengers : 1 (M)		
Date of birth	15/12/1979		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	16/5/2009		
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.	SMA 580H	Any Passengers :	2
Name of Driver	Yeo Wei Chen	Contact No. :	9109 1815
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	jellzhu x2 @ gmail.com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
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: 5072273427-04

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKT7031D**
Chassis Number : RU11021813
2. Name of Policyholder : ZHU XIAOZHONG
3. Effective Date of Insurance : 19 Jun 2019
4. Expiry Date of Insurance : 18 Jun 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 (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ZHU XIAOZHONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HL BANK
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 : S & M ALLIANCE PTE LTD (00000614373)

Date of Issue : 24 May 2019 21:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5072273427-04		ZHU XIAOZHONG	S7981652C	GPC	drive CLASSIC	SKT7031D	SKT7031D	19/06/2019	18/06/2020

 Policy Information

Policy No.	5072273427-04	Policyholder Name	ZHU XIAOZHONG	Policyholder NRIC	S7981652C				
Certificate No.									
Address	17 PUNGGOL FIELD WALK #15-06 WATERWOODS SINGAPORE 828747								
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N				
Policy issue Date	24/05/2019	Effective Date	19/06/2019 00:00	Expiry Date	18/06/2020 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	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

 Policyholder Mailing Address

Address 1	17 PUNGGOL FIELD WALK	Address 2	#15-06 WATERWOODS	Address 3	SINGAPORE 828747
Address 4		Address Type	Singapore address	Post Code	828747
Unit No.		Related Policy Number	5072273427-04		

 Insured Object: SKT7031D

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1090148

Policy No.	5072273427-04	Vehicle No.	SKT7031D	GST Registration No.	
Certificate No.					
Policyholder Name	ZHU XIAOZHONG	Cover Type	drive CLASSIC	Policyholder NRIC	57981652C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	81128641	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		
Accident Details					
Report Date	31/03/2020 10:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/03/2020	Time of Accident hh:mm	07:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PUNGGOL FIELD TWOS EDGEFIELD PLAINS				
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 TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	17 PUNGGOL FIELD WALK	Address 2	#15-06 WATERWOODS	Address 3	SINGAPORE 828747
Address 4		Address Type	Singapore address	Post Code	828747
Unit No.		Related Policy Number	5072273427-04		
OT Driver Info					
Driver Name	ZHU XIAOZHONG	Driver Type	Main Driver	Driver DOB	15/12/1979
Unnamed driver Name		Driver NRIC	57981652C	Driving Experience	10
Register Date of Driver License	16/05/2009	Driver Age	40	Contact No. (Home)	0
Contact No. (Mobile)	81128641	Contact No. (Office)	0	Address 3	SINGAPORE 828747
Address 1	17 PUNGGOL FIELD WALK	Address 2	WATERWOODS	Post Code	828747
Address 4		Address Type	Singapore address		
Unit No.	15-06				
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	ZHU XIAOZHONG	Insured NRIC	57981652C
Contact No. (Mobile)	81128641	Contact No. (Home)	64259368	Contact No. (Office)	
Email Address	je1979@hotmail.com	OI Vehicle Number	SKT7031D	TP Vehicle Number	5MA580H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKT7031D / 5MA580H ON 30 Mar 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred workshop, Name unknown	Date Received	31/03/2020 00:00
Date Registered	31/03/2020 10:53	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1090148	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/03/2020 10:56
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	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
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Attachments

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:56	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:56	SAS	Normal	SAS 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 31 Mar 2020 10:53	Photos	Normal	Photos 2020-3-31	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				