

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 120054445

Date In: 25/6/12-15:44	Job description	Date & Time Completed	Done by
Ref No: 14/14C20W684/24	SAS e-filing		
Veh No: 53/2245A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 25/6/12-13:00	i-Motor Claim Form	27/10/95312-001	25/6/12 1558
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: 5339987	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	Ant (\$) Est 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) 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)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*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	25/06/2020 15:44
Date Of Accident	25/06/2020 13:00
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2265A
Insured/Policyholder	
Name Of Registered Owner	LEE CHEW TUCK
NRIC No	SXXXX304I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93677782
Alternative Phone No	OFFICE-93677782

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G SKYROOF 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	5114516205
Cover Note Number	

Driver

Name of Driver	LEE LOCK YEE
NRIC No	SXXXX782E
Date Of Birth	13/01/1996
Occupation	INDOOR
Date Of Driving Pass	24/03/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82282176
Fax Number	
Contact Number	OFFICE-82282176
Email Address	NOEMAIL

Address	BLK 839 WOODLANDS STREET 82 #09-303
Postcode	730839
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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	SLS3998J
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	LEE LOCK YEE
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJW2265A

YES

NO

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.

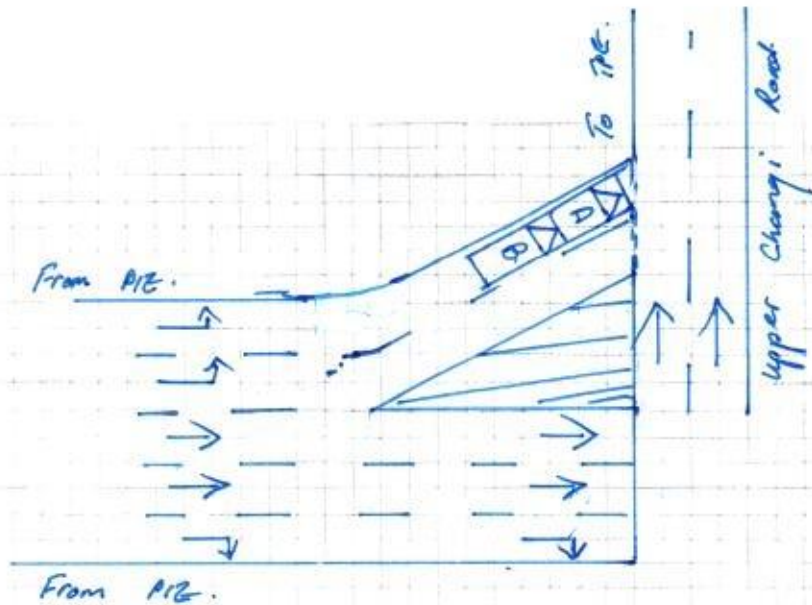
8

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



(A) SJW 2265A.

(B) SLS 3998J.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/06/2020 at @ 1300 hrs, I stopped my vehicle (SJW 2265A) along A12 towards Changi slip road into TPE towards SLE, to give way to the traffic on the main road. Suddenly, a car (SLS 3998J) from behind collided into the rear portion of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

Policyholder's Signature
Date & Time:

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

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

Vehicle No.	SJW 2265 A. Model / Make Honda Fit.	
Date of Accident	25/06/2020.	
Time of Accident	1300 HRS	
Location of Accident	P1E towards Changi slip road into TPE towards SLE.	
Exact purpose use during accident	Private used.	
Name of Owner	LEE CHEW TUCK.	
Telephone No.	H/P: 9367 7182	Home: Office:
NRIC	S 1739304 I.	
Address	BLK 839 Woodlands Street #2, #09-303 (S) 730839	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC.	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	5114516205	
Name of Driver	As Above If No, LEE LOCK YEE.	
NRIC	S 9600782E	Any Passengers: N.A.
Date of birth	13/01/1996.	
Occupation	Outdoor / <u>Indoor</u>	
Driving License Pass Date	24/03/2017.	
Gender	Male / <u>Female</u>	
Contact No.	H/P: 8228 2176	Home: Office:
Address	BLK 839 Woodlands St #2 #09-303 (S) 730839	
Driver have any own vehicle	<u>No</u> , If yes, Reg No.	
Relationship	Employee, If no, state <u>Daughter</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	LEE LOCK YEE (H/P: 8228 2176)	
Name And Contact No.		
Police Report	<u>No</u> , If Yes, Where?	
Vehicle B No.	SLE 3998 J.	Any Passengers: Not sure.
Name of Driver		
Vehicle C No.		
Vehicle D No.		
Vehicle E no.		
Vehicle F No.		
Vehicle G No.		
Witness Name	N.A.	Witness Contact: N.A.
Accident Portion	Rear Portion.	
Camera Recorder	Yes / <u>No</u>	
Email Address	lee.lockyee50@gmail.com.	
PARTICULAR WORKSHOP	Twincar.	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	JOSEPH TAN.	
FAX NO	6741 0510	
WORKSHOP Email ADDRESS	sales@nsl.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: 5114516205

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJW2265A |
| Chassis Number | : GE61150145 |
| 2. Name of Policyholder | : LEE CHEW TUCK |
| 3. Effective Date of Insurance | : 03 Dec 2019 |
| 4. Expiry Date of Insurance | : 02 Dec 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE CHEW TUCK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAN WEI CREDIT 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 : 02 Dec 2019 17:07 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.	<input type="text"/>	Date of Accident	<input type="text" value="25/06/2020 13:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SJW2265A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114516205		LEE CHEW TUCK	S17393041	GPC	drive CLASSIC	SJW2265A	SJW2265A	03/12/2019	02/12/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5114516205	Policyholder Name	LEE CHEW TUCK	Policyholder NRIC	S1739304I
Certificate No.					
Address	BLK 839 #09-303 WOODLANDS STREET 82 SINGAPORE 730839				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/12/2019	Effective Date	03/12/2019 00:00	Expiry Date	02/12/2020 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 839 #09-303	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730839
Address 4		Address Type	Singapore address	Post Code	730839
Unit No.	09-303	Related Policy Number	5114516205		

▶ Insured Object: SJW2265A

▼ Endorsements

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

Claim Handling

Accident MT/1095312

Policy No.	S114516205	Vehicle No.	SJW2265A	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHEW TUCK	Cover Type	drive CLASSIC	Policyholder NRIC	S17393041
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93677782	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="7"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	25/06/2020 15:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	25/06/2020	Time of Accident (hh:mm)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PIE (CHANGI) TWO5 TPE (SLE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DO Standard Excess	600.00	TP Standard Excess	0.00		
YIED DO Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total DO Excess Applicable	3100.00	Total TP Excess Applicable			

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 839 #09-303	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE 730839
Address 4		Address Type	Singapore address	Post Code	730839
Unit No.	09-303	Related Policy Number	S114516205		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/01/1996
Unnamed driver Name	LEE LOCK YEE	Driver NRIC	SXXXX762E	Driving Experience	3
Register Date of Driver License	24/03/2017	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	82282176	Contact No.(Office)	0	Address 3	SINGAPORE 730839
Address 1	BLK 839	Address 2	WOODLANDS STREET 82	Post Code	730839
Address 4		Address Type	Singapore address		
Unit No.	09-303				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE CHEW TUCK	Insured NRIC	S17393041
Contact No.(Mobile)	93677782	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		Ol Vehicle Number	SJW2265A	TP Vehicle Number	SLS3998J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW2265A / SLS3998J ON 25 Jun 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	25/06/2020 15:58	Claim Close Date		Date Received	25/06/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1095312	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/06/2020 15:59

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> NO	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:59	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:59	SAS	Normal	SAS 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:59	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:59	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:59	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:58	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:58	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:58	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:58	Photos	Normal	Photos 2020-6-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 25 Jun 2020 15:58	Photos	Normal	Photos 2020-6-25	
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Actor	
<div>Display in New Window</div> <div>Scan and uploading</div>					