

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MIAN 0057915

Date In: 7/7/20-11:30	Job description	Date & Time Completed	Done by
Ref No: NA/NC20070474	SAS e-filing		
Veh No: 5J7304M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 6/7/20-15:05	i-Motor Claim Form	MI/109642-21	7/7/20-11:30
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: Vch No: 63684897	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

NA1003583	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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 / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Lat. 1:	TP (N11): TP (Non INC) against INC \$20		
Lat. 2 / 3:	9) N12: Idac Mobile \$0		
	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	07/07/2020 11:30
Date Of Accident	06/07/2020 15:05
Exact Location Of Accident	TAMPINES AVE 5 TWDS CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3024M
Insured/Policyholder	
Name Of Registered Owner	SITI HAFIZAH BTE KAMAL
NRIC No	SXXXX603F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96164511
Alternative Phone No	OFFICE-96164511

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR
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	5112474919
Cover Note Number	

Driver

Name of Driver	SITI HAFIZAH BINTE KAMAL
NRIC No	SXXXX603F
Date Of Birth	16/07/1982
Occupation	INDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96164511
Fax Number	
Contact Number	OFFICE-96164511
EEmail Address	NOEMAIL

Address	78 UPPER SERANGOON VIEW #03-69
Postcode	533879
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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	GBG8469T
Vehicle Make/Model/Colour	SUZUKI EVERY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LUA ENG CHIN
NRIC/Passport Number	SXXXX699H
Contact Number	98369772
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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:

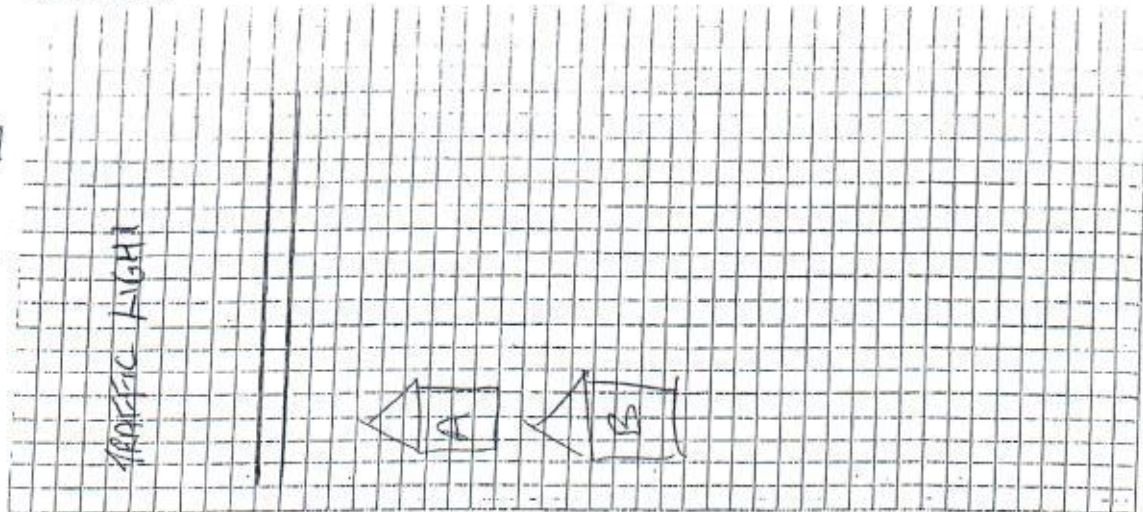
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A) SIT3024M

B) GBG8469T





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A1 THE STATED DATE & TIME, I WAS DRIVING ALONG
 TAMPINES AVE S TOWARDS CHANGI GENERAL HOSPITAL IN MY VEHICLE
 BEARING NUMBER SIT3024M. I STOPPED TO A TOTAL STOP
 AT THE TRAFFIC LIGHT JUNCTION AS IT WAS RED LIGHT.
 WHEN THE LIGHT TURN GREEN, A VAN BEHIND ME
 BEARING NUMBER GBG8469T HIT ON TO MY REAR
 END OF A SUDDENLY. WE GOT DOWN & EXCHANGE
 CONTACTS AND DRIVE OFF AS I WAS IN A HURRY TO
 THE HOSPITAL.

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.:

Date of Accident : 6/7/2020 Accident Time: 3:05pm (24-HR-Format) Hospital
Accident Place : TAMPINES AVE 5 JUNCTION TOWARD CHANGI GENERAL
Vehicle Reg. No. (Car Plate No.) : SJT 3024 M
Vehicle Make/Model : BMW 318I
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : SITI HAFIZAH BTE KAMAL S8222 603F
Owner or Company Contact No. : 96164511 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : _____
DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date _____
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 78 UPPER SERANGOON VIEW #03-69 Spore 533879
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : SITIHAFAZAH @ Gmail - com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 03 2 female

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GB6 8469 T</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>SUZUKI EVERY</u>	Vehicle Make/Model: _____
Name Driver: <u>LUA GNG PHIN</u>	Name Driver: _____
IC No. Driver: <u>S1210699 H</u>	IC No. Driver: _____
Driver's Contact & Add: <u>98369772</u>	Driver's Contact & Add: _____

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5112474919
The Policyholder	: SITI HAFIZAH BTE KAMAL 78 UPPER SERANGOON VIEW #03-69 KINGSFORD WATERBAY SINGAPORE 533879

Period of Insurance	: 12 Sep 2019 To 11 Sep 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$702.70

Interest Insured

Cover Type	: drive CLASSIC	Capacity	: 2000cc
Primary Driver	: SITI HAFIZAH BINTE KAMAL	Registration Year	: 2009
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: BMW/318i	NCD Entitlement	: 50%
Registration Number	: SJT3024M	NCD Protection	: Yes
Chassis Number	: WBAPF72090A143281	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: N/A		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : N/A

Endorsement Operative : M4

Agency	: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue	: 12 Sep 2019 16:42 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



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="06/07/2020 15:05"/>							
Vehicle No. (For Motor)	<input type="text" value="SJT3024M"/>	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"/>	5112474919		SITI HAFIZAH BTE KAMAL	S8222603F	GPC	drive CLASSIC	SJT3024M	SJT3024M	12/09/2019	29/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5112474919	Policyholder Name	SITI HAFIZAH BTE KAMAL	Policyholder NRIC	S8222603F
Certificate No.					
Address	BLK 288 #08-332 TAMPINES STREET 22 SINGAPORE 520288				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	12/09/2019	Effective Date	12/09/2019 00:00	Expiry Date	29/09/2020 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	78 UPPER SERANGOON VIEW	Address 2	#03-69 KINGSFORD WATERBAY	Address 3	SINGAPORE 533879
Address 4		Address Type	Singapore address	Post Code	533879
Unit No.	03-69	Related Policy Number	5112474919		

Insured Object: SJT3024M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	25/02/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 12 Sep 2019 TO 29 Sep 2020 In view of this amendment, an additional premium of \$34.56 (inclusive of GST) is payable under your policy.

Continue

Cancel

Claim Handling

Accident MT/1096242

Policy No.	5112474919	Vehicle No.	SJT3024M	GST Registration No.	
Certificate No.				Policyholder NRIC	S8222603F
Policyholder Name	SITI HAFIZAH BTE KAMAL	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	96164511	Special Remark		eCode	<input type="text"/>
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	Yes			Accident Type	Collision - Head to Rear
Accident Details		Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Report Date	07/07/2020 11:45	Time of Accident (h:m:m)	15:05	ICM No.	
Date of Accident	06/07/2020	Damage Force			
Reporting Centre					
Accident Location	TAMPINES AVE 5 TWDS CHANGI GENERAL HOSPITAL				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
DD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
VIED DD Excess	0.00	VIED TP Excess	0.00		
Additional Excess	0				
Total DD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	78 UPPER SERANGOON VIEW	Address 2	#03-69 KINGSFORD WATERBAY	Address 3	SINGAPORE 533879
Address 4		Address Type	Singapore address	Post Code	533879
Unit No.	03-69	Related Policy Number	5112474919		
DI Driver Info					
Driver Name	SITI HAFIZAH BINTE KAMAL	Driver Type	Main Driver	Driver DOB	16/07/1982
Unnamed driver Name		Driver NRIC	S8222603F	Driving Experience	13
Register Date of Driver License	17/01/2007	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	96164511	Contact No.(Office)	0	Address 3	SINGAPORE 533879
Address 1	78 UPPER SERANGOON VIEW	Address 2	KINGSFORD WATERBAY	Post Code	533879
Address 4		Address Type	Singapore address		
Unit No.	03-69				
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	SITI HAFIZAH BTE KAMAL	Insured NRIC	S8222603F
Contact No.(Mobile)	96164511	Contact No.(Home)	67813990	Contact No.(Office)	
Email Address	sh131@nri.com	DI Vehicle Number	SJT3024M	TP Vehicle Number	GB08469T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT3024M / GB08469T ON 6 Jul 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	07/07/2020 11:47	Claim Close Date		Date Received	07/07/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1096242	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/07/2020 11:47	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	NRIC/ Driving License	Y	NRIC/ Driving License 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	SAS	Normal	SAS 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 07 Jul 2020 11:47	Photos	Normal	Photos 2020-7-7	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display In New Window	Scan and uploading	