

NATIONAL Assessment Centre Services

Date In: 11/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20013726/13	SAS e-filing		
Veh No: 5MQ3035L	E-mail (within 8hrs, Atc 2hrs)		
D.O.A: 10/12/20 1300	I-Motor Claim Form	11/12 MT/1113257-001	
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 Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5JCB708	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%; F: 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 repaler.

() 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

NA2006411

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Int. Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$50)			
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) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tp 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: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:
Cal 1:
Cal 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 Submission	11/12/2020 15:18 (SGT)
Date of Accident	10/12/2020 13:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE TWDS AMK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3035L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIA PING KEE
NRIC No	SXXXX907G
Email Address	alansiapk0315@gmail.com
Mobile Phone No	(Phone) +65-98150531
Alternative Phone No	+65-98150531

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114268197-01
Cover Note Number	-

DRIVER

Name of Driver	SIA PING KEE
NRIC No	SXXXX907G
Date Of Birth	15/03/1990
Occupation	Indoor

Date Of Driving Pass	08/05/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98150531
Alt. Phone Number	+65-98150531
Email Address	alansiapk0315@gmail.com
Address	88A PHOENIX GARDEN
Address complement	-
Postcode	668343
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB870B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH XIU HUI
NRIC No	SXXXX455B
Contact Number	(Phone) +65-87481213
Address	-
Address complement	-
Postcode	-



Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 regulate 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:

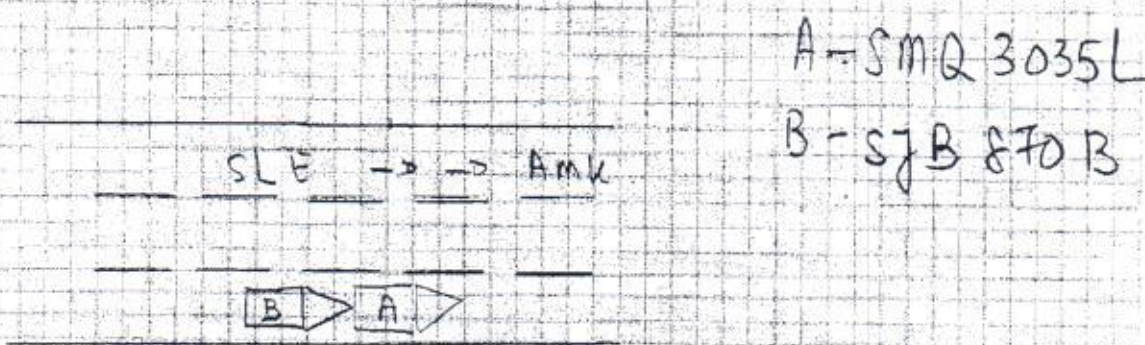
11/12/2000

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

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

11/12/2000

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from SLE towards Amk. Traffic a bit jam and all cars were moving slow. Suddenly car B (SJB 870B) didn't brake on time and hit onto my rear. No injured involve.

DECLARATION

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

Policyholder's Signature
Date & Time:

11/12/2000

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

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No:

SINGAPORE ACCIDENT STATEMENT	
ACCIDENT STATEMENT	
Date Of Accident	10/12/2020 Time 1300 Hrs
Exact Location Of Accident	SLE towards AMK
DETAILS OF OWN VEHICLE (VEHICLE A)	
Vehicle Registration Number	SMG 3035L
Name of Registered Owner	SIA PING KEE
NRIC/FIN/Passport Number	S90849074
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	<input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others <input type="checkbox"/> - please specify
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Others
If No, please state action to be taken	<input checked="" type="checkbox"/> Third Party Claim <input type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Name of Insurance Company	NTUL
Type of Coverage	drive CLASSIC
Fleet Policy	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Policy Number	511426877-01 Hite
Cover Note Number	
Name of Driver	SIA PING KEE
NRIC/FIN/Passport Number	S90849074
Date of Birth	15/3/1990
Occupation	Engineer
Date of Driving Pass	08 May 2018
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Number	98150531
Address	88A PHOENIX GARDEN
Email Address	alan.siapek2315@gmail.com
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, Relationship of the Driver with the Insured	owner

SAS 1

passenger : Driver only.

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		SMQ303SL	
Insurance Company of Driver's Own Vehicle (if applicable)		NTUC	
General Information About Accident			
Type of Accident	Collision front to rear		
Weather Conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
Road Surface	Dry <input checked="" type="checkbox"/>	Wet <input type="checkbox"/>	Others <input type="checkbox"/>
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Details of (A) - Driver			
Name			
Address			
Approximate Age			
Injuries Sustained			
If vehicle Occupants, state in which vehicle?			
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Details of Police Action			
Was the Accident reported to the Police?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If Yes, please state which Police Station			
Was notice of Intended Prosecution given?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If Yes, against whom?			
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	STR 870B		
Vehicle Make / Model / Colour			
Detail Of Properties			
Name of Driver	LGH XIU HUI		
NRIC/Passport Number	S8534455B		
Contact Number	87481213		
Email Address			
Address			
Insurance Company Name			
Nature of Damage			
Details of Victim			
Name			
Phone Number			
Email Address			



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: 5114268197-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMQ3035L |
| Chassis Number | : JHMGKS850FX202571 |
| 2. Name of Policyholder | : SIA PING KEE |
| 3. Effective Date of Insurance | : 23 Nov 2020 |
| 4. Expiry Date of Insurance | : 22 Nov 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIA PING KEE
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 06 Oct 2020 14:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Vehicle Registration Details

Vehicle No. SMQ3035L	Make/Model HONDA/JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Vehicle Scheme
Current Propellant Petrol	Chassis No. JHMGK5850FX202571	Vehicle Type Passenger Motor Car

Owner's Details

Owner Name:

SIA PING KEE

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S9084907G

Registered Address:

88A PHOENIX GARDEN SINGAPORE 668343

Mailing Address:

Birth Date:

15 Mar 1990

Registration Details

Previous Vehicle No.:

Effective Date of Ownership:

23 Nov 2019

Original Registration Date:

16 Apr 2015

Registration Date:

16 Apr 2015

No. of Transfers:

1

IU Label No.:

1125713156

Vehicle Specifications

Engine No.:

L15B31000365

Chassis No.:

JHMGK5850FX202571

Year of Manufacture:

2015

Primary Colour:

Blue

Secondary Colour:

Passenger Capacity:

4

Engine Capacity / Power Rating:

1498 cc / -

Maximum Power Output:

96.0 kW (128 bhp)

Max Laden Weight:

1046 kg

Maximum Laden Weight:

1490 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$15,274.00

Additional Registration Fee Rate:

First \$15,274.00 (100%)

Actual ARF Paid:

\$5,274.00

Vehicle Lifespan Expiry Date:

No Lifespan

QRC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$64,700.00

COE No.:

2015040101001712G

COE Expiry Date:

15 Apr 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Registration Category:

A - Car up to 1600cc & 97kW (130bhp)

Quota Premium (QP) / Prevailing Quota Premium:

\$64,700.00 / -

Actual QP Paid:

\$64,700.00

QP Fleet Cap:

\$64,700.00

PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

15 Apr 2025

Minimum PARF Benefit:

\$2,637.00

Vehicle Emissions Details

CO2 Emission:

CEV/VES Rebate Utilised Amount:

127.00 (g/km)

\$10,000.00

CO Emission:

HC Emission:

NOx Emission:

PM Emission:

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Printed on 11 Dec 2020 11:07:18

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Claim Handling

Accident MT/1113257

Policy No.	5114268197-01	Vehicle No.	SMQ3035L
Certificate No.			
Policyholder Name	SIA PING KEE	Cover Type	drivo CLASSIC
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0
Contact No.(Mobile)	98150531	Special Remark	
Email Address		TCA	No Yes
KFK	No Yes	NCD Entitlement(%)	10
NCD Protection	No		

▼ Accident Details

Report Date	11/12/2020 15:32	Accident Report Within 24 hrs	Yes
Date of Accident	10/12/2020	Time of Accident hh:mm	13:00
Reporting Centre		Orange Force	
Accident Location	SLE TWDS AMK		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess	0.00		
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	
Modification History			

▼ Policyholder Mailing Address

Address 1	33 MILTONIA CLOSE	Address 2	#01-28 SKIES MILTONIA
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5114268197-01

▼ OI Driver Info

Driver Name	SIA PING KEE	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S9084907G
Register Date of Driver License	31/12/2007	Driver Age	30
Contact No.(Mobile)	98150531	Contact No.(Office)	0
Address 1	88A PHOENIX GARDEN	Address 2	SINGAPORE 668343
Address 4		Address Type	Singapore address
Unit No.		Driver Vehicle No.	
Does he own a Singapore Registered car?	Yes No		

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

OD-MX

Claim Description

SMQ3035L /

Preferred Workshop Insured Liability Not at Fault
 Preferred Repair Option Preferred Workshop, Name unknown GIA report Received
 Date Registered 11/12/2020

Report Taken By

ROSINDA

Print AK letter

Save Submit

Attachment

Accident No. MT/1113257 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 11/12/2020 00

Path *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:36	NRIC/ Driving License	Y	Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:36	SAS		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:36	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:36	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:36	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:35	Photos		Normal
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Dec 2020 15:35	Photos		Normal



▼ Video List

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		<div>Display in New Window</div> <div>Scan and uploading</div>