

NATIONAL Assessment Centre Services

[Ref: 12-102]

2

Date In: 19/01/21	Job description	Date & Time Completed	Done by
Ref No. NA/INC21000916/13	SAS e-filing		
Veh No: FBK828SE	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/12/20 2125	I-Motor Claim Form	19/01	MT/1114548-003
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: 5458782G	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

Client's Particulars:	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
Ref 1:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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: Idno 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 willful 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	19/01/2021 16:38 (SGT)
Date of Accident	16/12/2020 21:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8235E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AHMAD BIN DAHALAN
NRIC No	SXXXX966D
Email Address	rspu@lkkauto.com
Mobile Phone No	(Phone) +65-90862076
Alternative Phone No	+65-90862076

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	PULSAR 200 NS FI
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 - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5087661555-03
Cover Note Number	-

DRIVER

Name of Driver	AHMAD BIN DAHALAN
NRIC No	SXXXX966D
Date Of Birth	24/11/1957
Occupation	Indoor

Date Of Driving Pass	05/02/1986
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90862076
Alt. Phone Number	+65-90862076
Email Address	rspu@lkkauto.com
Address	BLK 125 PENDING ROAD
Address complement	#02-18
Postcode	670125
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	No Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT T/20201219/2022

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	SLS8782G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person AHMAD BIN DAHALAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? FBK8235E
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

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 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.
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.

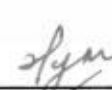
(collectively the "Purposes")

(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

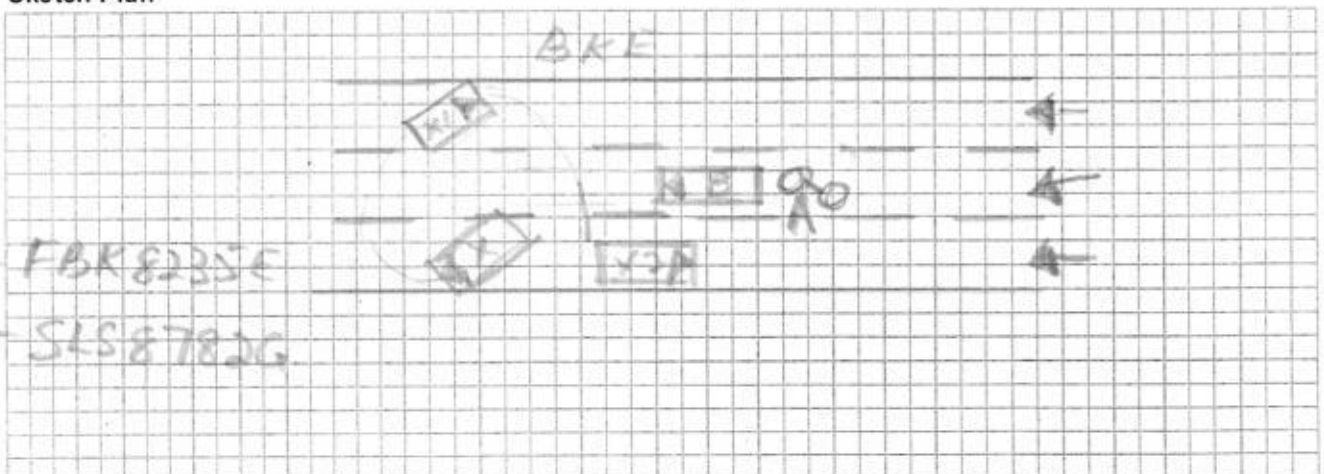
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 19/01/21
Policyholder's Signature / Date & Time

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

 19/01/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident:

Pls refer to the police report 7/2020/219/2022

We declare the foregoing particulars are true in every respect.

19/01/21

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

Shyue 19/01/21



SINGAPORE POLICE FORCE



T/20201219/2022

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20201219/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 10:30	Vide Report No.:	Station Diary No.: 45
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: AHMAD BIN DAHALAN		Address: APT BLK 125 PENDING ROAD #02-18 SINGAPORE 670125	
ID Type / ID No.: NRIC NO / S1240966D		Contact No.: Home/Office: Mobile: 90862076	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 24/11/1957	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: FACTORY WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2020 21:25	Type of Location: Bend
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8235E	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS FI	White	Seriously Damaged	0
SLS8782G	Car	SUZUKI	GRAND VITARA 2.0 5DOOR 2WD AT ABS AIRBAG	Red	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20201219/2022

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20201219/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8235E	NTUC Income Insurance Co-Operative Limited	5087661555-03	05/02/2020	04/02/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD BIN DAHALAN	ID No.	S1240966D
Related Vehicle	FBK8235E (Motorcycle)	Contact No.	90862076
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/12/2020	Date Discharge	16/12/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 16/12/2020 at about 2125hrs I was riding my motorcycle(FBK8235E) along BKE towards Bukit Panjang in the middle lane. When I was approaching a bend, the car(SLS8782G) in front of me suddenly jammed it breaks, forcing me to come to a stop too.

Since the road was wet too, when I stopped and swerved to avoid the car(SLS8782G) in front, I fell down. After the incident, the driver of the car(SLS8782G) requested for my particulars and I provided it, however, I did not ask for his particulars as I did not want to pursue the matter. Shortly after TP was also at scene.

There was no visible damage to the car(SLS8782G), my bike however, was not able to start and had to be towed. I sustained some injuries on my leg and hand, I sought medical assistance from Prohealth 24-Hour Clinic at Bangkit and received an MC from 16/12/2020 - 19/12/2020. I would like to state that I do not want to pursue this matter.



**SINGAPORE
POLICE FORCE**



T/20201219/2022

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20201219/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

SC2 ATIF NAINAR HUSSAIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476437

Signature Of Informant:

Date/Time:

19/12/2020 10:30

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 12 / 2020 (DD/MM/YYYY), TIME: 21 : 25 (HH:MM)

LOCATION: BUKIT TIMAH EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 8235E
b) INSURANCE COMPANY: NIC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: AHMAD BIN DAHALAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1240966D CONTACT: 9862076
c) ADDRESS: BLK 125 PENDING ROAD
#02-18 (670125)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 24 / 11 / 1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05/02/1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After rain

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL587826 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO =

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="16/12/2020 21:25"/>
Vehicle No. (For Motor)	<input type="text" value="FBK8235E"/>	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"/>	5087661555-03		AHMAD BIN DAHALAN	S1240966D	GMC	Third Party, Fire & Theft	FBK8235E	FBK8235E	05/02/2020	04/02/2021

Claim Handling

Accident MT/1114548

Policy No.	5087661555-03	Vehicle No.	FBK8235E	GST Registration No.	
Certificate No.					
Policyholder Name	AHMAD BIN DAHALAN			Policyholder NRJC	S1240966D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90862076	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
▼ Accident Details					
Report Date	22/12/2020 09:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	16/12/2020	Time of Accident hh:mm	20:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TOWARDS WOODLANDS				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ 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 125 #02-18	Address 2	PENDING ROAD	Address 3	SINGAPORE 6701
Address 4		Address Type	Singapore address	Post Code	670125
Unit No.		Related Policy Number	5087661555-03		
▼ OI Driver Info					
Driver Name	AHMAD BIN DAHALAN	Driver Type	Main Driver	Driver DOB	24/11/1957
Unnamed driver Name		Driver NRJC	S1240966D	Driving Experience	26
Register Date of Driver License	01/01/1994	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	90862076	Contact No.(Office)		Address 3	SINGAPORE 6701
Address 1	BLK 125 #02-18	Address 2	PENDING ROAD	Post Code	670125
Address 4		Address Type	Singapore address		
Unit No.					
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 003 OD-MX

New

Claim Type *	OD-MX	Insured Name	AHMAD BIN DAHALAN	Insured NRJC	
Contact No.(Mobile)	NIL	Contact No. (Home)	67699254	Contact No. (Office)	
Email Address		Vehicle Number	FBK8235E	TP Vehicle Number	
Claim Description	FBK8235E / SLS8782G ON 16 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	19/01/2021 18:16	Claim Close Date		Date Received	
Report Taken By	ROSINDA	Workshop Repairer		Total Lost but Repaired	
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No. MT/1114548 Claim No. 003

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/01/2021 00:00

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

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NO

Normal

Clear

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NO

Normal

Clear

Please Select

NO

Normal

Clear

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NO

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NO

Normal

Message Board

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:16	SAS		Normal	SAS 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:16	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:16	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:16	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:12	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:12	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:12	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:12	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:12	Photos		Normal	Photos 2021-1-19
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2021 18:12	Photos		Normal	Photos 2021-1-19

Video List

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