

# NATIONAL Assessment Centre Services

(wef 1 Jan 06)

MMA 118000420

Date In: 2/1/18 13:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC 180000171h4	E-mail (within 8hrs, A/C 2hrs)		
Veh No: SK8 9330 Y	i-Motor Claim Form	MT/0975970	2/1/18 19:02
D.O.A: 31/12/17 13:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	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:

FBB 7742 L

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 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

NA1800039

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars :-

1) AR: Accident Reporting (\$30);

30.00

Driver/Owner:

2) DA: Damage Assessment (\$100); INC (\$80)

Contact No:

3) TP: 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 2006)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QI\*

\*N3: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$15

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non-INC) against INC \$20

9) N12: Idac Mobile \$0

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat 1:

Pat 2/3:

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 ability.
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 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	02/01/2018 13:52
Date Of Accident	31/12/2017 13:35
Exact Location Of Accident	OUTRAM RD SLIP RD INTO CHIN SWEE RD (CTE/SLE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB9330Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STEVEN SEAH WEE KEONG (XIE WEIQIANG)
NRIC No	S7907972C
Email Address	STEVENSWK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98252526
Alternative Phone No	OFFICE-98252526

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L AT TSI 1T32B4
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	5078563797-01
Cover Note Number	-

### Driver

Name of Driver	STEVEN SEAH WEE KEONG (XIE WEIQIANG)
NRIC No	S7907972C
Date Of Birth	10/03/1979
Occupation	INDOOR
Date Of Driving Pass	24/07/1998
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98252526
Fax Number	
Contact Number	OFFICE-98252526
Email Address	STEVENSWK@GMAIL.COM



Address	103 SERANGOON NORTH AVE 1 #06-757
Postcode	550103
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	6
Passenger 1	NAME: : AXEL GENDER: : MALE
Passenger 2	NAME: : ALDEN GENDER: : MALE
Passenger 3	NAME: : AMY GENDER: : FEMALE
Passenger 4	NAME: : SOON TEE GENDER: : FEMALE
Passenger 5	NAME: : JING POH 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

PLEASE REFER TO ATTACHED 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	FBB7742L
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMAD YUNUS BIN OTHMAN
NRIC/Passport Number	S8540932H
Contact Number	82057196
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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: 2/1/18

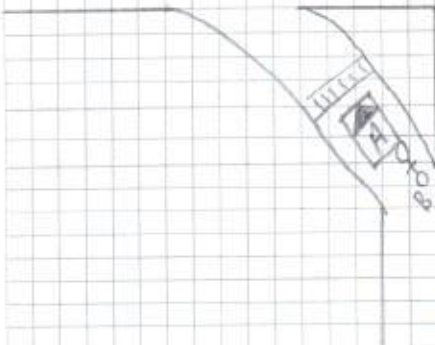
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

Chinswee Rd (CTE/SLG)



Outram Rd

A = SKB 9330Y

B = FBB 7742L

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/12/2017, approximately 1335hrs, my car was stationary on filter lane (to CTE/CHIN SWERD) waiting for pedestrian to cross zebra-crossing. It was raining at that time. Suddenly a motor cycle banged into my car at the rear. Motor cycle number is FBB7742L.

## DECLARATION

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

Steven Seck

Policyholder's Signature  
Date & Time: 21/1/18

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (31/12/2017) (DD/MM/YYYY), TIME: (13:35) (HH:MM)

LOCATION: OUTRAM RD FILTERING TO CHINSWEE RD, WAITING FOR  
PEDESTRIAN TO CROSS

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 93304  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 507 853797-01  
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: VW TOURAN 1.4T  
 f) TYPE: (SALOON / COUPE (MPV) / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 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: STEVEN SEAH WEE KEONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7907922C CONTACT: 98252526  
 c) ADDRESS: 103 SERANGCON NTH AVE / #06-777 (S) 53903

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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 DRIZZLE)  
 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: #BB 7742L MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: MOHAMAD YUNUS BIN OTHMAN  
 c) NRIC/FIN/PASSPORT: S8540932H CONTACT: 82057196

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(6)

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

Email = stevenswk@gmail.com

fax =

Steven SWK



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S7907972C**

Name: **STEVEN SEAH WEE KEONG (XIE WEIQIANG)**

Birth Date: **10 Mar 1979**  
Issue Date: **31 May 2003**

000529714D




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7907972C**

Name: **STEVEN SEAH WEE KEONG (XIE WEIQIANG)**

Race: **谢伟强 CHINESE**

Date of Birth: **10-03-1979** Sex: **M**

Country of Birth: **SINGAPORE**

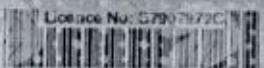



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jul 1998
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	05 Mar 2002
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	05 Apr 2002

NP 428A

License No: **S7907972C**



3297550

**S7907972C**

NRIC No: **S7907972C**

Blood Group: - Date of Issue: **27-01-2003**

Address: **103 SERANGOON NORTH AVENUE 1 #06-757 SINGAPORE 550103**






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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5078563797-01	STEVEN SEAH WEE KEONG (XIE WEIQIANG)	S7907972C	GPC	drivo CLASSIC	SKB9330Y	SKB9330Y	11/07/2017	10/07/2018

## Claim Handling

Accident MT/0975970

Policy No.	5078563797-01	Vehicle No.	SKB9330Y	GST Registration No.	
Policyholder Name	STEVEN SEAH WEE KEONG (XIE WEIQIANG)			Policyholder NRIC	S790
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98252526	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## ▼ Accident Details

Report Date	02/01/2018 18:57	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	31/12/2017	Time of Accident hh:mm	13:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTRAM RD SLIP RD INTO CHIN SWEE RD (CTE/SLE)				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 103 #06-757	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	550
Unit No.		Related Policy Number	5078563797-01		

## ▼ OI Driver Info

Driver Name	STEVEN SEAH WEE KEONG (XIE WEIQIANG)	Driver Type	Main Driver	Driver DOB	10/1
Unnamed driver Name		Driver NRIC	S7907972C	Driving Experience	19
Register Date of Driver License	24/07/1998	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	98252526	Contact No.(Office)		Address 3	SIN
Address 1	BLK 103 #06-757	Address 2	SERANGOON NORTH AVENUE 1	Post Code	550
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	STEVEN SEAH WEE KEONG (XIE WEIQIANG)	Insured NRIC	S790
Contact No.(Mobile)	98252526	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKB9330Y	TP Vehicle Number	FBB
Claim Description	SKB9330Y / FBB7742L ON 31 Dec 2017			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/1
Date Registered	02/01/2018 19:01	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



1/2/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0975970

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

02/01/2018 19:02

Path \*

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

[Choose File](#) No file chosen

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[Choose File](#) No file chosen

[Message Read](#)

Category \*

Confidential

Urgency \*

<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>
<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a>	<a href="#">Normal</a>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:02	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:02	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 19:01	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>