

Date In: 27/12/18 09:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18003699/h4	SAS e-filing		
Veh No: SLA 4592A	E-mail (within 3hrs / AIO 3hrs)		
D.O.A: 26/12/18 11:30	i-Motor Claim Form	MT/0983909	27/12/18 16:01
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (within: OD 3hrs 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: SDW 9651T

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

NA1801269	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Inc Bill	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$300)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee	\$40/\$45	
Damage Portion:	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming assist, INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) N1: Idas DA + SMRT Survey	\$150	
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	IR (N1) + TP (N+INC) against INC	\$20	
	9) N12: Idas Module	\$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Date 1:			
Date 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 willful 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 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	27/02/2018 09:55
Date Of Accident	26/02/2018 11:30
Exact Location Of Accident	JURONG WEST ST 91 BLK 912 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4592A
Insured/Policyholder	
Name Of Registered Owner	NORAINI BTE HASSAN
NRIC No	S1301982G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91279035
Alternative Phone No	OFFICE-91279035

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE
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	5097299016
Cover Note Number	-

Driver

Name of Driver	ABDUL MALIK BIN ZAKARIA
NRIC No	S0173207B
Date Of Birth	15/05/1951
Occupation	INDOOR
Date Of Driving Pass	04/08/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91279035
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 912 JURONG WEST ST 91 #03-242
Postcode	640912
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDW9651T
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)

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 = SLR 4592A
B = SDW 9651T



Jurong west st 91 BIK 912 Open carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



**SINGAPORE
POLICE FORCE**



T/20180226/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20180226/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 16:33	Vide Report No.:	Station Diary No.: 130
Informant's Particulars		
Name of Informant: ABDUL MALIK BIN ZAKARIA	Address: APT BLK 912 JURONG WEST STREET 91 #03-242 SINGAPORE 640912	
ID Type / ID No.: NRIC NO / S0173207B	Contact No.: Home/Office:	Mobile: 91279035
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 66	Date of Birth: 15/05/1951
Type of Informant: Vehicle Owner		
Race: Malay	Language:	Institution / School Name:
Occupation: RETIRED	Driving Licence Information: Class: 3	
	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/02/2018 11:30	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 91				
Open car park				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDW9651T	Car		MERCEDES BENZ	Silver		0
SLQ4592A	Car		ESTIMA AERAS 2.4 A	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180226/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20180226/2133

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ4592A	NTUC Income Insurance Co-Operative Limited			

Brief Details.

On 25/02/2018 at about 2300hrs, I parked my car bearing registration plate number (SLQ4592A) at the open car-park under my block and went home.

On 26/02/2018 at about 1130hrs, my neighbor came to my house to informed me that my car was hit by a silver Mercedes Benz bearing registration plate number (SDW9651T) and drove away immediately. I went down to make a check and notice that my front left bumper was slightly damaged. I wish to state that I have In Car Camera in my car but I do not know how to access to it. My neighbor also advised me to go to any police station to lodge a police report hence I am lodging this report for investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20180226/2133

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20180226/2133

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/

Sgt 2 LAU TUCK WEI JEREMY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI TAN LEE HWANG DAWN

Contact No.: 65476215

Signature Of Informant:

Date/Time:

26/02/2018 16:33

Classification Of Case:

Authentication Stamp

NP168




SN 127


Signature :

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number: **S0173207B**
 Name:
ABDUL MALIK BIN ZAKARIA
 Birth Date: **15 May 1951**
 Issue Date: **07 Jul 2003**


000630260G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0173207B**


ABDUL MALIK BIN ZAKARIA
 Race:
MALAY
 Date of Birth: **15-05-1951** Sex: **M**
 Country of Birth:
SINGAPORE

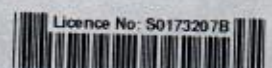


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
 PASS DATE: **04 Aug 1998**

NP 428A

Licence No: **S0173207B**



3 2 1 2 3 3 5



APIC No: **S0173207B**


 Blood Group: **B+** Date of Issue: **11-11-2000**

Address:
APT BLK 912 JURONG WEST STREET 91
#03-242
SINGAPORE 640912

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097299016

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLQ4592A
Chassis Number : ACR507032047
2. Name of Policyholder : NORAINI BTE HASSAN
3. Effective Date of Insurance : 09 Jan 2018
4. Expiry Date of Insurance : 08 Jan 2019
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	: NORAINI BINTE HASSAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX 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)

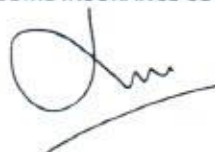
Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 09 Jan 2018 18:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0983909

Policy No.	5097299016	Vehicle No.	SLQ4592A	GST Registration No.	
Policyholder Name	NORAINI BTE HASSAN			Policyholder NRIC	S131
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91279035	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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	27/02/2018 15:55	Accident Report Within 24 hrs	Yes	Accident Type	Dam
Date of Accident	26/02/2018	Time of Accident hh:mm	11:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG WEST ST 91 BLK 912 OPEN CARPARK				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	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 912 #03-242	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	6401
Unit No.		Related Policy Number	5097299016		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ABDUL MALIK BIN ZAKARIA	Driver NRIC	S0173207B	Driver DOB	15/01/1988
Register Date of Driver License	04/08/1998	Driver Age	66	Driving Experience	19
Contact No.(Mobile)	91279035	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 912 #03-242	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	6401
Unit No.	03-242				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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	NORAINI BTE HASSAN	Insured NRIC	S131
Contact No.(Mobile)	92962076	Contact No.(Home)	67931643	Contact No.(Office)	
Email Address	noraini.hassan@live.co.uk	OI Vehicle Number	SLQ4592A	TP Vehicle Number	SDV
Claim Description	SLQ4592A / SDW9651T ON 26 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	27/02/2018 15:58	Claim Close Date		Date Received	27/02/2018
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

2/27/2018

Claim Handling(claim reporting Claim Task)

Accident No.

MT/0983909

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/02/2018 16:01

Path *

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

Message Read

Category *		Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 16:01	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 16:01	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 16:01	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 15:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 15:59	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 15:59	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 15:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 15:58	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Feb 2018 15:58	Photos	Normal	Photos 20:

Video List

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