

# NATIONAL Assessment Centre Services

Ref: 1 Jan 09

MMA 118038790

Date In: 22/3/18 10:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18005347/14	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SGJ 3901U	i-Motor Claim Form	MT/0987259	22/3/18 17:48
D.O.A: 21/3/18 16:50	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		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SLN 2580M

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

Cover Type: (

Policy No: (

Period: (

Date:

Time:

Confirmed by: (

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time Actions

## Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

Add Bill

30.00

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

- Q11:
- \*N5: Courtesy Car / Tpt Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$5
- \*N9: DV / Collect Excess Coordination \$20
- TP (N11): TP (Non INC) against INC 30
- \*N12: Idac Mobile

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2/3:

NA1801843



## 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 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 22/03/2018 10:14  
 Date Of Accident 21/03/2018 16:50  
 Exact Location Of Accident HOUGANG AVE 8 TWDS UPP SERANGOON RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGJ3901U  
**Insured/Policyholder**  
 Name Of Registered Owner BERNARD FAN ZHI RONG  
 NRIC No S1290061I  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-82184377  
 Alternative Phone No OFFICE-82184377

### Vehicle Particulars

Manufacturer TOYOTA  
 Model ALTIS  
 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 THIRD PARTY FIRE AND/OR THEFT  
 Fleet Policy NO  
 Policy Number 5054638644-05  
 Cover Note Number -

### Driver

Name of Driver WANG LIEXIA  
 NRIC No S7379327J  
 Date Of Birth 05/09/1973  
 Occupation INDOOR  
 Date Of Driving Pass 07/01/2005  
 Driving Experience 13 YEARS AND 2 MONTHS  
 Gender FEMALE  
 Mobile Number (LOCAL) +65-94525758  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address BLK 114 BISHAN ST 12 #10-92  
Postcode 570114  
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 -  
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 involved in the accident  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? NO  
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) 1

### 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 SLN2580M  
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)

### DETAILS OF INJURED PERSON 1

Name WANG LIEXIA  
Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGJ3901U

YES

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 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.

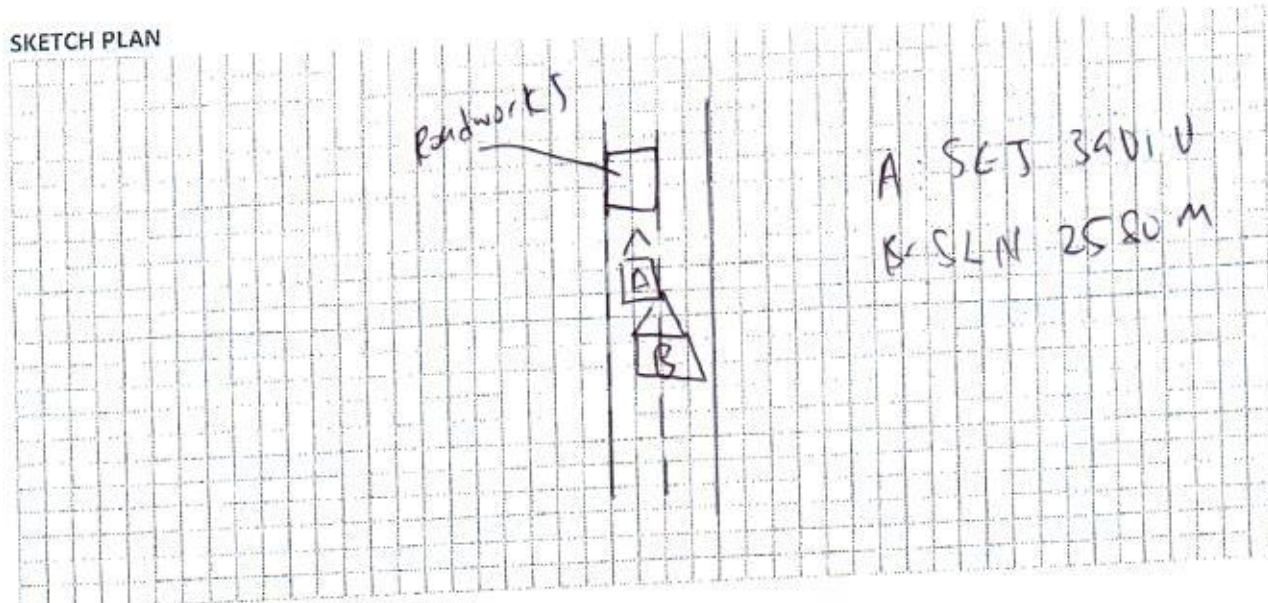
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Hougang AVE 8 towards Upp Serangoon Rd. I was approaching a Roadworks Ahead. I then slowed down and stop. Suddenly, I felt a huge impact from the rear. I got down and realised vehicle B hit over the rear portion of my vehicle.

## 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.:



claims & united 9.12M.59

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 21/3/18 (DD/MM/YY) Time: 4:50pm (HH:MM)
Exact location of accident	Hougang Ave 8 turns upp Serangoon Rd

## Details of vehicle

Vehicle registration number	SGJ 3901J
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	Bernard Fan zhi Peng	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1240061	
Contact	8245 4377	
Address	114 Bishan St 12 #12-92	

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	Wang Lie Xin	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S7379327J	
Contact	94525758	
Address	114 Bishan St 12 #12-92	
Email address		
Date of birth	05/11/73	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	7/1/2005	

## General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

### Passenger 1

Name	WANG LIE XIA
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	





NRIC No. S7379327J

Blood Group  
Date of issue  
28-03-2003

Address

APT BLK 114 BISHAN STREET 12  
#10-92  
SINGAPORE 570114REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7379327J

Name

WANG LIEXIA



王 烈 霞

Race

CHINESE

Date of Birth

05-09-1973

Sex

F

Country of Birth

CHINA

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7379327J**

Name:

**WANG LIEXIA**



Birth Date: **05 Sep 1973**

Issue Date: **07 Jan 2005**





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

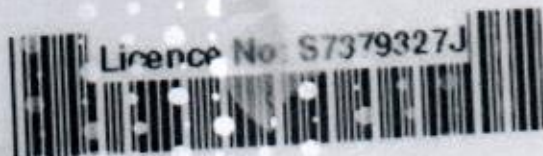
PASS DATE

Class 3

Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

07 Jan 2005

NP 428A



Licence No: S7379327J



NRIC No. S12900611



Date of issue

24-05-2004

Address

APT BLK 114 BISHAN STREET 12  
#10-92  
SINGAPORE 570114

## REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S12900611



Name

BERNARD FAN ZHI RONG

范 值 荣

Race

CHINESE

Date of birth

15-11-1958

Sex

M

Country of birth

SINGAPORE

S12900611



eBaoTech

[Change Language](#) [Change Password](#) [Log Out](#)

Hello, NAC\_PAYA\_UBI\_800601

[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="radio"/>	5054638644-05	BERNARD FAN ZHI RONG	S1290061I	GPC	Third Party, Fire & Theft	SGJ3901U	SGJ3901U	10/07/2017	09/07/2018

## Claim Handling

Accident MT/0987259

Policy No.	5054638644-05	Vehicle No.	SGJ3901U	GST Registration No.	
Policyholder Name	BERNARD FAN ZHI RONG	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	512900611
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	82184377	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## Accident Details

Report Date	22/03/2018 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/03/2018	Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 8 TWDS UPP SERANGOON RD				

## Benefits

Excess		Windscreen Excess	
Own damage Excess	0.00	Additional Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00
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 114 #10-92	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570114
Address 4		Address Type	Singapore address	Post Code	570114
Unit No.		Related Policy Number	5054638644-05		

## OI Driver Info

Driver Name	WANG LIEKIA	Driver Type	Named Driver	Driver DOB	05/09/1973
Unnamed driver Name		Driver NRIC	S73793273	Driving Experience	13
Register Date of Driver License	07/01/2005	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	94525758	Contact No.(Office)		Address 3	BISHAN VIEW
Address 1	BLK 114 #10-92	Address 2	BISHAN STREET 12	Post Code	570114
Address 4	SINGAPORE 570114	Address Type	Singapore address		
Unit No.	10-92			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BERNARD FAN ZHI RONG	Insured NRIC	512900611
Contact No.(Mobile)	82684377	Contact No.(Home)	62534151	Contact No.(Office)	
Email Address	BERWEN777@GMAIL.COM	OT Vehicle Number	SGJ3901U	TP Vehicle Number	SLN2580M
Claim Description	SGJ3901U / SLN2580M ON 21 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/03/2018 00:00
Date Registered	22/03/2018 17:46	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0987259	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2018 17:48
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		



3/22/2018

## Claim Handling(accident reporting Claim Task )

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:48	SAS	Normal	SAS 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:48	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:47	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:47	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:47	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:47	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:47	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:47	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:46	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:46	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:46	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:46	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:46	Photos	Normal	Photos 2018-3-22
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2018 17:46	Photos	Normal	Photos 2018-3-22

## Video List

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

Scan and uploading