

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18006199/13	SAS e-filing		
Veh No: SGS3687R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/04/18 2130	i-Motor Claim Form	MT/0989052	
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLF7073U 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

NA/803080	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against JNC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac 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 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	04/04/2018 15:37
Date Of Accident	03/04/2018 21:30
Exact Location Of Accident	ALONG TELOK AYER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS3687R
Insured/Policyholder	
Name Of Registered Owner	FAST288
Co Reg No	53357092A
Email Address	C3CORAL@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91445503

Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO 5
Exact Purpose for which vehicle was being used at time of accident	UBER
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 HIRE

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	5088451517-01
Cover Note Number	

Driver

Name of Driver	GENEVIEVE CHUI MEI LING(GENEVIEVE XU MEILING)
NRIC No	S7403338E
Date Of Birth	25/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	27/09/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91445503
Fax Number	
Contact Number	
Email Address	C3CORAL@HOTMAIL.COM

Address	BLK 808C CHAI CHEE ROAD #12-62
Postcode	463808
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	SIDE SWIPE
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?	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

I WAS TRAVELLING ALONG TELOK AYER ST WHICH IS A SINGLE CARRIAGEWAY ROAD. VEH(B) BEARING REG NO SLF7073U WAS PARKED (STATIONARY) AT THE DOUBLE YELLOW LINE. I HAD TO DRIVE AROUND TO THE LEFT OF VEH B TO AVOID HIM TO MOVE ALONG TELOK AYER ST AS HE WAS BLOCKING HALF OF THE ROAD. VEH B SUDDENLY STARTED TO MOVE FORWARD AND HIT ONTO MY REAR RIGHT SIDE PORTION OF MY VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7073U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAHID BIN OMAR
NRIC/Passport Number	S1411274Z
Contact Number	81323903
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.



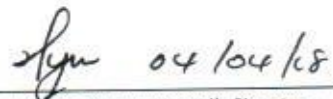
Policyholder's Signature

Date & Time: 4 Apr 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

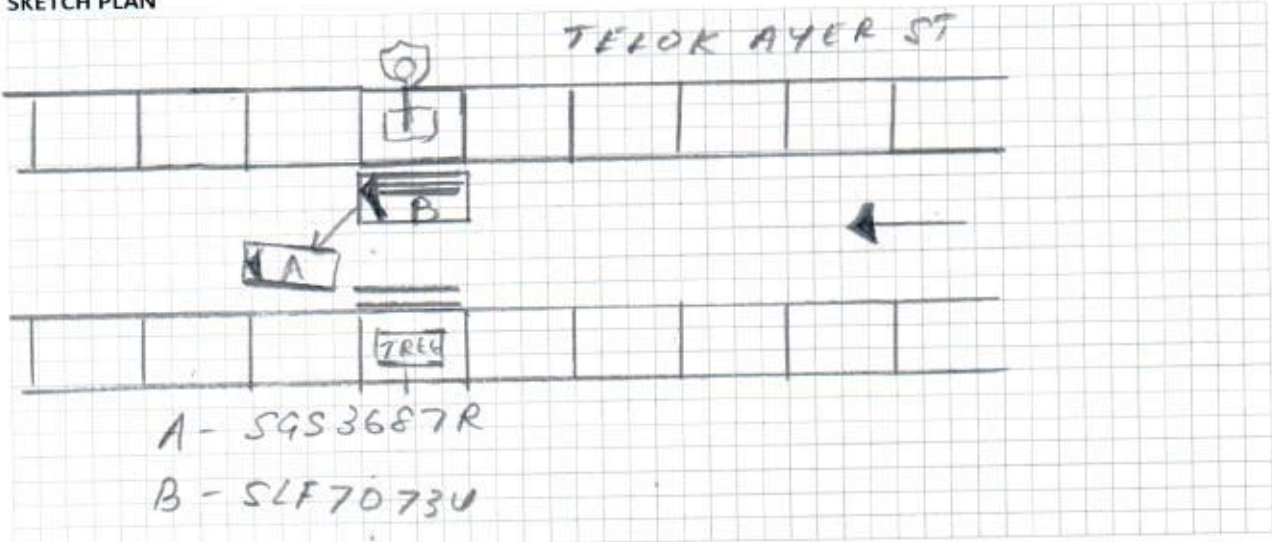


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time: 4 Apr 2018

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

Reporting Centre Personnel's Signature
Name: 04/04/18
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 3/04/2018 (DD/MM/YYYY), TIME: 21:30 (HH:MM)

LOCATION: Tek Ayer Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS3687R
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Chevrolet Aveo S
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: UBER
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: FAST288 (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 53357092A CONTACT: 91445503
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: GENEVIEVE CHUI MEI LING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8740338E CONTACT: 91445503
c) ADDRESS: 808C Chai Chee Rd #12-62, (463808)

*d) DATE OF BIRTH: 25/03/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12

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)

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: SLF7073U MODEL: MAZDA 3
b) DRIVER'S NAME: WAHID BIN OMAR
c) NRIC/FIN/PASSPORT: 81411274Z CONTACT: 81323903

9. THIRD PARTY VEHICLE

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

Email = C3caval@hotmail.com

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7403338E**

Name: **GENEVIEVE CHUI MEI LING**
(GENEVIEVE XU MEILING)

Birth Date: **25 Mar 1974**

Issue Date: **27 Sep 2006**

001448479A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7403338E**

Name: **GENEVIEVE CHUI MEI LING**
(GENEVIEVE XU MEILING)
徐美齡

Race: **CHINESE**

Date of Birth: **25-03-1974** Sex: **F**

Country of Birth: **SINGAPORE**

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

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

PASS DATE: **27 Sep 2006**

Licence No. **S7403338E**

NP 428A

3028813

NRIC No. **S7403338E**

Blood Group: **O+** Date of issue: **08-06-1998**

APT BLK 808C CHAI CHEE ROAD #12-62
SINGAPORE 463808

NRIC No: **S7403338E** Date: **26/06/2016**

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="radio"/>	5088451517-01	FAST288	53357092A	GPC	Third Party, Fire & Theft	SGS3687R	SGS3687R	13/03/2018	12/03/2019

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of FAST288 (53357092A)

Date: 04/04/2018

The Following Are The Brief Particulars of :

Name of Business	FAST288
Former Name(s) if any	
Date of Change of Name	
Registration No.	53357092A
Registration Date	24/02/2017
Commencement Date	27/02/2017
Status of Business	Live
Status Date	10/03/2018
Renewal Date	10/03/2018
Expiry Date	24/02/2019
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	808C CHAI CHEE ROAD #12-62 PING YI GREENS SINGAPORE (463808)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	
Activities (II)	
Description	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment

Authentication No. : E18224934E

INFORMATION RESOURCES

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Business Profile (Business) of FAST288 (53357092A)

Date: 04/04/2018

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position
GENEVIEVE CHUI MEI LING	S7403338E	SINGAPORE CITIZEN	808C CHAI CHEE ROAD #12-62 PING YI GREENS SINGAPORE (463808)	ACRA	28/02/2017 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA180404172861

DATE : 04/04/2018

This is computer generated. Hence no signature required.



Authentication No. : E18224934E

Claim Handling

Accident MT/0989052

Policy No.	5088451517-01	Vehicle No.	SGS3687R	GST Registration No.	
Policyholder Name	FAST288			Policyholder NRIC	53357092A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91445503	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
Report Date	04/04/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/04/2018	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TELOK AYER STREET				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 808C #12-62	Address 2	CHAI CHEE ROAD	Address 3	PING Y1 GREENS
Address 4	SINGAPORE 463808	Address Type	Singapore address	Post Code	463808
Unit No.	12-62	Related Policy Number	5088451517-01		
O1 Driver Info					
Driver Name	Chui Mei Ling Genevieve	Driver Type	Named Driver	Driver DOB	25/03/1974
Unnamed driver Name		Driver NRIC	S7403338E	Driving Experience	13
Register Date of Driver License	01/01/2005	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	91445503	Contact No.(Office)	0	Address 3	PING Y1 GREENS
Address 1	BLK 808C	Address 2	CHAI CHEE ROAD	Post Code	463808
Address 4	SINGAPORE 463808	Address Type	Singapore address		
Unit No.	#12-62				
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 type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FAST288	Insured NRIC	53357092A
Contact No.(Mobile)	91445503	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SGS3687R	TP Vehicle Number	SLF7073U
Claim Description	SGS3687R / SLF7073U ON 3 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	04/04/2018 00:00
Date Registered	04/04/2018 18:07	Claim Close Date		Total Loss but Repaired	
Report Taken By	RDSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0989052	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/04/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File No file chosen

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Message Read

Clear

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	SAS	Normal	SAS 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Apr 2018 18:07	Photos	Normal	Photos 2018-4-4

Video List

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