NATIONAL Assessment Centre Services

Date In 10/09/18	Job description	Date &Time Completed	Done by
Ref No NA/INC18016397/13	SAS e-filing		
Veh No SKX6664	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 07/09/18 2015	i-Motor Claim Form	M7/1010871 - 001	
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: (TEAMWORK   Tel: Fax:)

TP Particulars: Veh No: SLJ4084L   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

NA1805721

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services.-			
OD*			
*N5: Courtesy Car / Tpt 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: 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 witholding 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	10/09/2018 09:13
Date Of Accident	07/09/2018 20:15
Exact Location Of Accident	CTE TWDS SLE B4 MOULMEIN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX666Y

Insured/Policyholder

Name Of Registered Owner	JESPHIN SILVA
NRIC No	S1816686J
Email Address	JESPHINSILVA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92700282
Alternative Phone No	OTHERS-92700282

Vehicle Particulars

Manufacturer	BMW
Model	523I
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	5050544212-06
Cover Note Number	

Driver

Name of Driver	JESPHIN SILVA
NRIC No	S1816686J
Date Of Birth	04/10/1967
Occupation	INDOOR
Date Of Driving Pass	15/09/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92700282
Fax Number	
Contact Number	OTHERS-92700282
EMail Address	JESPHINSILVA@YAHOO.COM.SG

Address	BLK 287 YISHUN AVE 6
	#06-66
Postcode	760287
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	AFTER RAIN
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?	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

PLS REFER TO THE 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	SLJ4084L
Vehicle Make/Model/Colour	TOYOTA SIENTA
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 | JESPHIN SILVA |

Approximate Age

Injuries Sustain   BACK,NECK & LOWER BACK

Injured person in which vehicle?   SKX666Y

Were seat belts worn?   YES

Was this injured conveyed to hospital by   NO
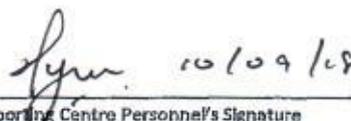ambulance?

Address

Postcode

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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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.
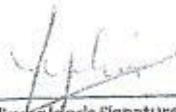
10/09/18

Policyholder's Signature
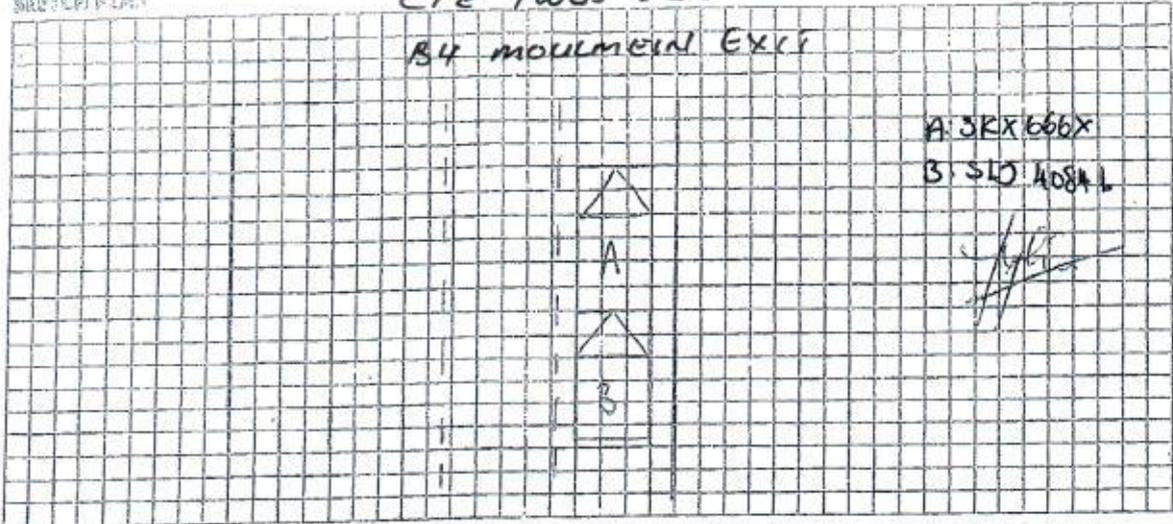Date & Time:

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

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

GIARMC SketchPlanForm_V2

1

SKETCH PLAN

CTE TWDS SLE
B4 MOULMEIN EXIT

A 3KX 666X
B SLD 4084 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the first lane on CTE towards SLE before Moulmein exit, when the vehicle in front of me stopped, I stopped at a safe distance. Out of a sudden I felt a huge impact from 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.:

10/09/18

GIARMC SketchPlanForm_V3

2

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DETAILS

Date of accident	7 | 9 | 2018	(DD/MM/YY)
Time of accident	8:15 Pm	(HH:MM)
Exact location of accident	CTE towards SLE before moulmein exit.	

DETAILS OF VEHICLE

Vehicle registration number	SKX 666 Y
Vehicle make and model	BMW 523i
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☐ if no, please select: Third part claim ☑ Reporting only ☐

INSURANCE INFORMATION

Insurance company	NTUC
Policy number	5050544212-06
Type of policy	Comprehensive ☑ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER

Name	Jesphin silva	Male ☐ Female ☑
NRIC / Fin / Passport number	51816686 J	
Contact	92700282	jesphinsilva@yahoo.com
Address	BIK 287 Yishun AVE 6 #06-66	

DRIVER — SAME AS INSURED ABOVE ☑ (SKIP TO D.O.B)

Name		Male ☐ Female ☐
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	04 OG 1967	
Occupation	Indoor ☑ Outdoor ☐	
Driving date pass	15 SEP 2004.	

Vehicle registration number	SLJ 4084L
Vehicle make model	Toyota Sienta
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	Toyota Sienta
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name	JESPHIN SILVA
Injuries sustained	Back , neck and Lower back.
Which vehicle person in?	SKx666x
Were seat belts worn?	Yes ☑ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☑

	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

S1816686J

Name
JESPHIN SILVA

Race
MALAYALEE
Date of Birth   Sex
04-10-1967   F
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE   DRIVING LICENCE

Licence Number   S1816686J
Name
JESPHIN SILVA

Birth Date: 04 Oct 1967
Issue Date: 15 Sep 2004

601284607B

4428018

S1816686J

Date of issue
10-07-2009

Address
APT BLK 287 YISHUN AVENUE 6
#06-66
SINGAPORE 760287

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

Class 3   Motor Cars of unladen weight not exceeding
3000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 2500 kg

PASS DATE
15 Sep 2004
15/09/2004

NP 428A

Licence No: S1816686J

income
made different

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: 5050544212-06

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SKX666Y
   Chassis Number : WBAFP32090C864089
2. Name of Policyholder : JESPHIN SILVA
3. Effective Date of Insurance : 15 Dec 2017
4. Expiry Date of Insurance : 14 Dec 2018
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JESPHIN SILVA
NAMED DRIVER (1)	: CHNG KOK HENG (ZHUANG GUOXIN)
NAMED DRIVER (2)	: CHENG LING LING (ZHONG LINGLING)
HIRE PURCHASE COMPANY	: POSB
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)
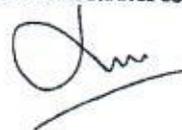
Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 09 Dec 2017 14:56 hrs
Reprint : 09 Dec 2017 14:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language   › Change Password   › Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	
Vehicle No.(For Motor)	SKX666Y

Date of Accident	07/09/2018 20:15
Certificate Number	

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5050544212-06		JESPHIN SILVA	S1816686J	GPC	drivo PREMIUM	SKX666Y	SKX666Y	15/12/2017	14/12/2018

Continue

Claim Handling

Accident MT/1010871

Policy No.	5050544212-06	Vehicle No.	SKX666Y		
Certificate No.				GST Registrat	
Policyholder Name	JESPHIN SILVA				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Policyholder r	
Contact No.(Mobile)	92700282	Contact No.(Office)	0	Loading	
Email Address		Special Remark		Contact No.(I	
KFK	No Yes	TCA	No Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	30	eCode Reasor	
				Private Hire	

▽ Accident Details

Report Date	10/09/2018 18:37	Accident Report Within 24 hrs	Yes		
Date of Accident	07/09/2018	Time of Accident hh:mm	20:15	Accident Type	
Reporting Centre		Orange Force		Country of Ac	
Accident Location	CTE TWDS SLE B4 MOULMEIN EXIT			ICM No.	

▽ Excess

Own damage Excess	600.00	Additional Excess	0		
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	Windscreen E	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▽ Benefits

▽ GST Registered Information

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

▽ Policyholder Mailing Address

Address 1	BLK 287 #06-66	Address 2	YISHUN AVENUE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-66	Related Policy Number	5050544212-06		

▽ OI Driver Info

Driver Name	JESPHIN SILVA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1816686J	Driver DOB	
Register Date of Driver License	15/09/2004	Driver Age	50	Driving Exper	
Contact No.(Mobile)	92700282	Contact No.(Office)	0	Contact No.(I	
Address 1	BLK 287	Address 2	YISHUN AVENUE 6	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#06-66				
Does he own a Singapore Registered car?	Yes ・ No	Driver Vehicle No.		Driver Insure	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No		

Modification History

Claim 001 OD-MX New

Claim Type *		OD-MX ▼ Insured Name
Contact No.(Mobile)		92700282 Contact No. (Home)
Email Address		JESPHINSILVA@YAHOO.COM.SG OI Vehicle Number
Claim Description		SKX666Y / SLJ4084L ON 7 Sept 2018

Preferred Workshop		Insured Liability	Not at Fault ▼
Contact No. Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop (refer below) ▼ GIA report Received ▼
Date Registered			10/09/2018 18:41 Claim Close Date
Report Taken By			Workshop Repairer

☑ Print AK letter

Save   Submit

Claim Handling(accident reporting Claim Task   001 OD-MX)

Attachment

▽

Accident No.	MT/1010871	Claim No.	001
Last Doc. Received	● Yes ○ No	Upload Date	10/09/2018 00:00

Path *

Category *   Confid

Choose File	No file chosen		Clear	Please Select ▼	NO
Choose File	No file chosen		Clear	Please Select ▼	NO
Choose File	No file chosen		Clear	Please Select ▼	NO
Choose File	No file chosen		Clear	Please Select ▼	NO
Choose File	No file chosen		Clear	Please Select ▼	NO
Choose File	No file chosen		Clear	Please Select ▼	NO

Message Read

▽ **Attachment List**

Attachment	Uploaded By/Date	Category	🔑	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:41	NRIC/ Driving License		Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:41	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:41	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:41	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:41	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:40	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:40	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:40	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:40	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:40	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2018 18:40	Photos		Normal	P

▽ **Video List**

Uploaded By/Date	Folder Date	File Name	🔑

Display in New Window   Scan and uploading