

# NATIONAL Assessment Centre Services

Date In: 24/09/18	Job description	Date & Time Completed	Done by:
Ref No: NA/INC18012294/13	SAS e-filing		
Veh No: 445T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/09/18 1405	i-Motor Claim Form	MT/1012642-001	
OD: (EP) 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: ( 4-51 )	Tel:	Fax:
TP Particulars:	Veh No: 5J02789L	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

NA1806025	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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 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	24/09/2018 10:47
Date Of Accident	22/09/2018 14:05
Exact Location Of Accident	PUNGGOL ROAD INFRT OF BLK 202B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU5T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EAGERNESS
Co Reg No	53322663E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90014444

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099321155
Cover Note Number	

### Driver

Name of Driver	NORSHAHARILI ZULZATA BIN MOKTAR
NRIC No	S7441741H
Date Of Birth	07/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81595664
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 897 TAMPINES ST 81 #12-812
Postcode	520897
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ2789L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHAI MENG
NRIC/Passport Number	S1707171H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM285J
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI KUAN LAM
NRIC/Passport Number	S7572075J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN


### IMPORTANT NOTICE

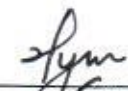
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

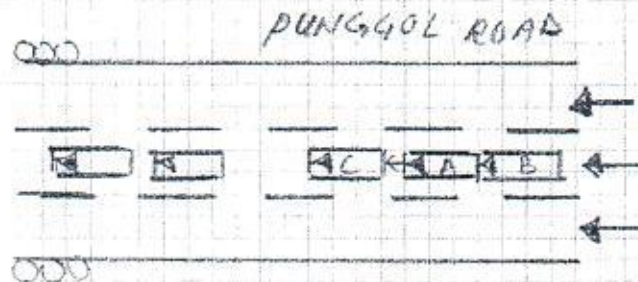
  
Policyholder's Signature  
Date & Time: 

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/9/18

 24/09/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A - GUST  
B - SJQJTB9L  
C - SLM285J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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



Policyholder's Signature

Date & Time:

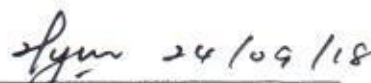




Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/9/18

 24/09/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MY VEH WAS STATIONARY ON THE 2<sup>ND</sup> LANE AT PUNGGOL ROAD INFRT OF BLK 202B DUE TO THE RED TRAFFIC LIGHT AHEAD. WHEN THE TRAFFIC LIGHT CHANGE GREEN, B4 I START TO MOVE OFF VEH(B) CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH. DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH B.



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA 118123361 Vehicle Registration No: G4 5T  
Name (as shown in NRIC) : EAGERNESS NRIC/FIN/Passport No : 53322663E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 51 SIMS DRIVE #17-40 SIMS VISTA Singapore (380051)  
Contact (Tel) : 9001 4444 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 22/09/2018 Time of Accident : 14:05 HRS  
Place of Accident : PUNGGOL ROAD INFR OF BLK 202B  
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND 3RD PARTY VEHICLE NO TO SJQ 2789L INSTEAD OF  
SJD 2789L.





Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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



## ACCIDENT STATEMENT

ACCIDENT DATE: 22/09/2018 (DD/MM/YYYY), TIME: 14:05 (HH:MM)

LOCATION: PUNYUOL FIELD IN FRONT Bk 202B

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9U57  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5099321155  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN NV 350  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL USE  
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: EAGERNESS (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S3322663E CONTACT: 9001 4444  
c) ADDRESS: 51, Sims Drive #17-140  
(Sims Vista)

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

### DRIVER

- a) NAME: MORSHAHARLI ZULZATAR MOKJAL (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7444741-H CONTACT: 8159 5664  
c) ADDRESS: TEMPINES ST 81 Bk 897 #12-812

\*d) DATE OF BIRTH: (07/12/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 MAY 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: S3D 2769L

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S3D 2769L MODEL: HYUNDAI  
b) DRIVER'S NAME: TAN CHAI MENG  
c) NRIC/FIN/PASSPORT: S1707171H CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLM 285J MODEL: NISSAN  
e) DRIVER'S NAME: LAI KUAN LAM  
f) NRIC/FIN/PASSPORT: S7572075J CONTACT: \_\_\_\_\_

22/09/18

waiting for  
company  
stamp

Email =

fax =

VIDEO =

PUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7441741H



Name  
NORSHAHARILI ZULZATA BIN  
MOKTAR

Race  
MALAY

Date of birth  
07-12-1974

Sex  
M

Country of birth  
SINGAPORE


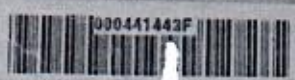
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7441741H

Name  
NORSHAHARILI ZULZATA BIN  
MOKTAR

Birth Date 07 Dec 1974

Issue Date 05 May 2003



292



NRIC No. S7441741H

Date of issue  
20-09-2006


Address  
APT BLK 897 TAMPINES STREET 81  
#12-812  
SINGAPORE 520897

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
05 May 2003

Licence No. S7441741H



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/09/2018 16:05"/>							
Vehicle No.(For Motor)	<input type="text" value="GU5T"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5099321155		EAGERNESS	53322663E	GCV	Comprehensive	GU5T	GU5T	28/03/2018	28/03/2019
<input type="button" value="Continue"/>										



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1012642

Policy No.	5099321155	Vehicle No.	GU5T	GST Registration No.
Certificate No.				
Policyholder Name	EAGERNESS			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90014444	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

## ▼ Accident Details

Report Date	24/09/2018 11:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/09/2018	Time of Accident hh:mm	14:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PUNGGOL ROAD INFRT OF BLK 202B			

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,500.00	Outside Singapore TP Excess	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	16/11/20
GST Registration No.	S3322663E	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 51 #17-140	Address 2	SIMS DRIVE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	17-140	Related Policy Number	5099321155	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NORSHAHARILI ZULZATA BIN M	Driver NRIC	S7441741H	Driver DOB
Register Date of Driver License	05/05/2003	Driver Age	43	Driving Experience
Contact No.(Mobile)	81595664	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 897	Address 2	TAMPINES STREET 81	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#12-812			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	EAGERNESS
Contact No.(Mobile)	97778888	Contact No.(Home)	NIL
Email Address		Vehicle Number	GU5T
Claim Description	GU5T / SJD2789L ON 22 Sept 2018		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By	ROSLINDA	Claim Close Date	24/09/2018 11:16
		Workshop Repairer	

[Print AK letter](#)[Save](#) [Submit](#)

## Attachment



Accident No.	MT/1012642	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/09/2018 00:00

Choose File	No file chosen	<a href="#">Clear</a> <a href="#">Clear</a> <a href="#">Clear</a> <a href="#">Clear</a> <a href="#">Clear</a> <a href="#">Clear</a>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:16	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Sep 2018 11:15	Photos	Normal	Photos

## Video List

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