

NATIONAL Assessment Centre Services

(Ref: JAN05)

Date In: 18/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001174/13	SAS e-filing		
Veh No: SKB39355	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 18/01/19 1345	i-Motor Claim Form	MT/1028886-001	
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: (SWINCAR Tel: Fax:)

TP Particulars:	Veh No: XD82515	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

NA1900650

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- 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:-
- 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 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. 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	18/01/2019 14:59
Date Of Accident	18/01/2019 13:45
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB3935S
Insured/Policyholder	
Name Of Registered Owner	YEO HOON HONG
NRIC No	S1232318B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81110695
Alternative Phone No	OTHERS-90678567
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
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	5105355294
Cover Note Number	
Driver	
Name of Driver	LEE ENG SENG
NRIC No	S1259381C
Date Of Birth	29/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1975
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90678567
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 610 WOODLANDS AVE 4 #05-439
Postcode	730610
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8251J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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:

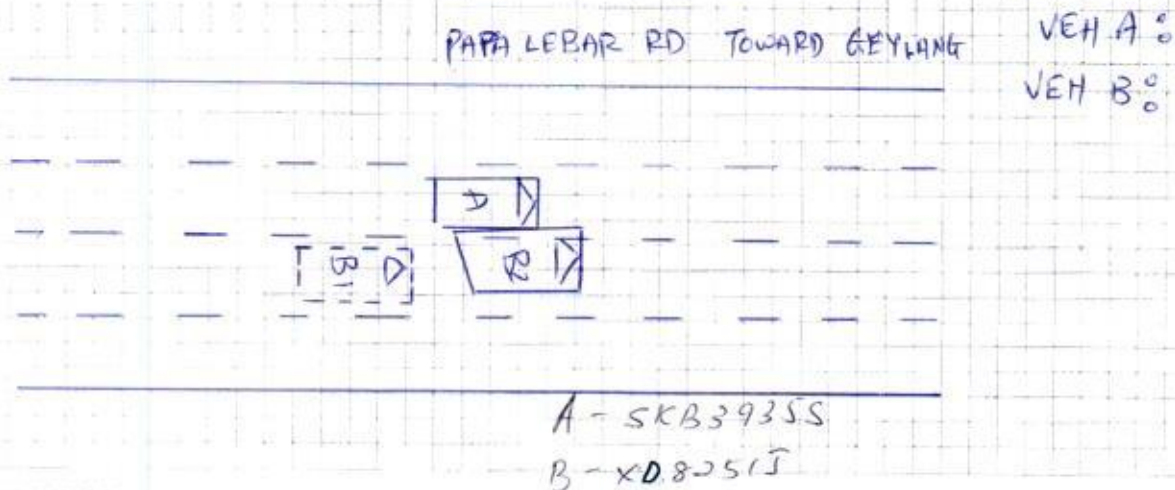
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 18/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE & TIME, I VEH A (SKB 39355) WAS TRAVELLING ON PAYA LEBAR RD TOWARD GEYLANG, AS I WAS MOVING ON LANE 3, SUDDENLY VEH B (XD 82513) CUT INTO MY LANE FROM LANE 2 & COLLIDED ONTO MY VEH LEFT PORTION.

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.:

I VEH A (SKB 3935 S) WAS TRAVELLING ON
PAYA LEBAR RD (JUST OUTSIDE SHELL PETROL). AS I WAS TRAVELLING
ON THE 3rd LANE. VEH B (XD8251J) CUT INTO MY LANE
AND HIT ONTO MY RIGHT CAR PORTION.

VEH A

SKB 3935 S



LEE ENG SENG

18/1/19

VEH B

XD8251J

J. K. K.

JOTHIVEL KARTHIGEYAN

18/1/19

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/19008582 Vehicle Registration No: SKB39355
Name(as shown in NRIC) : LEE ENG SENG NRIC/FIN/Passport No : S1259381C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 610 WOODLANDS AVE 4 #05-439 Singapore(730610)
Contact (Tel) : _____ Mobile No.: 90678567
Email Address : _____
Date of Accident : 18/01/19 Time of Accident : 13:45
Place of Accident : PAYA LEBAR RD
Insurance Company: NTUC

(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 TP VEH NO

Policyholder / Driver's Signature
Date:

shy 18/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Vehicle No.	SKA 3935 S	Model / Make	HONDA CITY
Date of Accident	18/11/2019		
Time of Accident	1345	HRS	
Location of Accident	PAYA LEBAR ROAD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	YEO HOON HONG		
Telephone No.	H/P: 8111 0695	Home :	Office :
NRIC	S1232318B		
Address	BLK 610 WOODLANDS AVE 4 #05-439		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.			
Name of Driver	As Above If No, LEE ENG SENG		
NRIC	S1259381C	Any Passengers :	0
Date of birth	29/06/1957		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	25/09/1975		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 90678567	Home :	Office :
Address	BLK 610 WOODLANDS AVE 4 #05-439	S'PORE 730610	
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state SPOUSE		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	Dry <u>Wet</u> Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	XB 8251J	Any Passengers :	0
Name of Driver	D	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	VEH RIGHT PORTION.		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	TWIN CAR AUTOMOTIVE P/L		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1259381C**

Name: **LEE ENG SENG**

Birth Date: **29 Jun 1957**

Issue Date: **05 Aug 2008**

001637025G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1259381C**

Name: **LEE ENG SENG**

李涌升

CHI: **SE**

Date of Birth: **29-06-1957** Sex: **M**

Country of Birth: **SINGAPORE**





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

		PASS DATE
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	25 Sep 1975
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	02 Oct 1978
	*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg	

Licence No: **S1259381C**



2393103



NRIC No: **S1259381C**



Blood Group: **A+** Date of issue: **16-09-1994**

Address: **APT BLK 610 WOODLANDS AVENUE 4 #05-439 SINGAPORE 730610**

NRIC No: **S1259381C** Date: **01-02-2007** (R) No: **8899881**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 1232318 B**

Name:

YEO HOON HONG

Birth Date: **26 Aug 1957**

Issue Date: **19 Dec 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1232318B**



Name

YEO HOON HONG



楊 循 雱

Race

CHINESE

Date of Birth

26-08-1957

Sex

F

Country of Birth

SINGAPORE



2374087



NRIC No. S1232318B

Blood Group Date of issue

O+ 12-09-1994

APT BLK 610 WOODLANDS AVENUE 4 #05-439
SINGAPORE 730610

NRIC No: S1232318B

Date: 12/09/2011 (R) No: 6879734

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: 5105355294

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKB39355
Chassis Number : MRHGM26509P020559
2. Name of Policyholder : YEO HOON HONG
3. Effective Date of Insurance : 12 Nov 2018
4. Expiry Date of Insurance : 24 Nov 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.

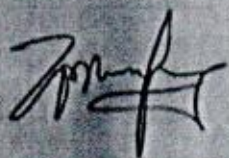
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YEO HOON HONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE 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)

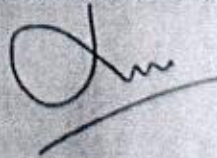
Agency : HUANG GUOQING TERRY (00000573375)
Date of Issue : 09 Nov 2018 16:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



HUAWEI P20 Pro
LEICA TRIPLE CAMERA | AI

Claim Handling

Accident MT/1028886

Policy No.	5105355294	Vehicle No.	SKB39355	GST Registration No.
Certificate No.				
Policyholder Name	YEO HOON HONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90678567	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	21/01/2019 20:16	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/01/2019	Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PAYA LEBAR RD			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 610 #05-439	Address 2	WOODLANDS AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-439	Related Policy Number	5105355294	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LEE ENG SENG	Driver NRIC	S1259381C	Driver DOB
Register Date of Driver License	25/09/1975	Driver Age	61	Driving Experience
Contact No.(Mobile)	90678567	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 610	Address 2	WOODLANDS AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#05-439			
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	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	YEO HC
Contact No.(Mobile)	81110695	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SKB39355
Claim Description	SKB39355 / XD8251J ON 18 Jan 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/01/2019 20:20
		Workshop Repairer	ROSINDA

Print AK letter

[Save](#) [Submit](#)

Attachment



Accident No. MT/1028886 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 21/01/2019 20:20

Path *

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Category *

[Please Select](#)

Confidential

[NO](#)[Clear](#)[Please Select](#)[NO](#)[Clear](#)[Please Select](#)[NO](#)[Clear](#)[Please Select](#)[NO](#)[Clear](#)[Please Select](#)[NO](#)[Clear](#)[Please Select](#)[NO](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:20	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:20	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jan 2019 20:19	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)