

# NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

Date In: 22/03/2019 15:03	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19005197/K4	SAS e-filing		
Veh No: FBC 304J	E-mail (w/old thrz, A/C thrz)		
D.O.A: 21/03/2019 13:15	1-Motor Claim Form	MT/1037104	001. 23/3/19 0926
OID (TP) Reporting Only	1-Motor W/O (Within: OD Thrz, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLG321.0L 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%; 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: ( ) Complete by ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( )

NA1902117

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Signature:

Date:

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	22/03/2019 15:03
Date Of Accident	21/03/2019 13:15
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC304J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ENG WAH
NRIC No	S6920615H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81281874
Alternative Phone No	OTHERS-81281874

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	XL1200N
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	MOTORCYCLE

### 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	5074928827-03
Cover Note Number	

### Driver

Name of Driver	LIM ENG WAH
NRIC No	S6920615H
Date Of Birth	12/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81281874
Fax Number	
Contact Number	OTHERS-81281874
EMail Address	NOEMAIL

Address	BLK 19 DOVER CRESCENT #29-26
Postcode	130019
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 (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190321/2058

#### 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	SLG3210L
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 LIM ENG WAH

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBC304J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



## 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:

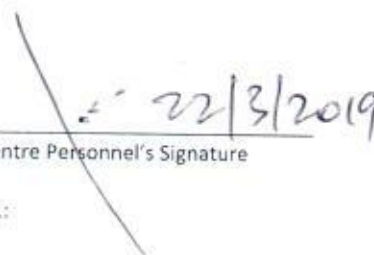
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

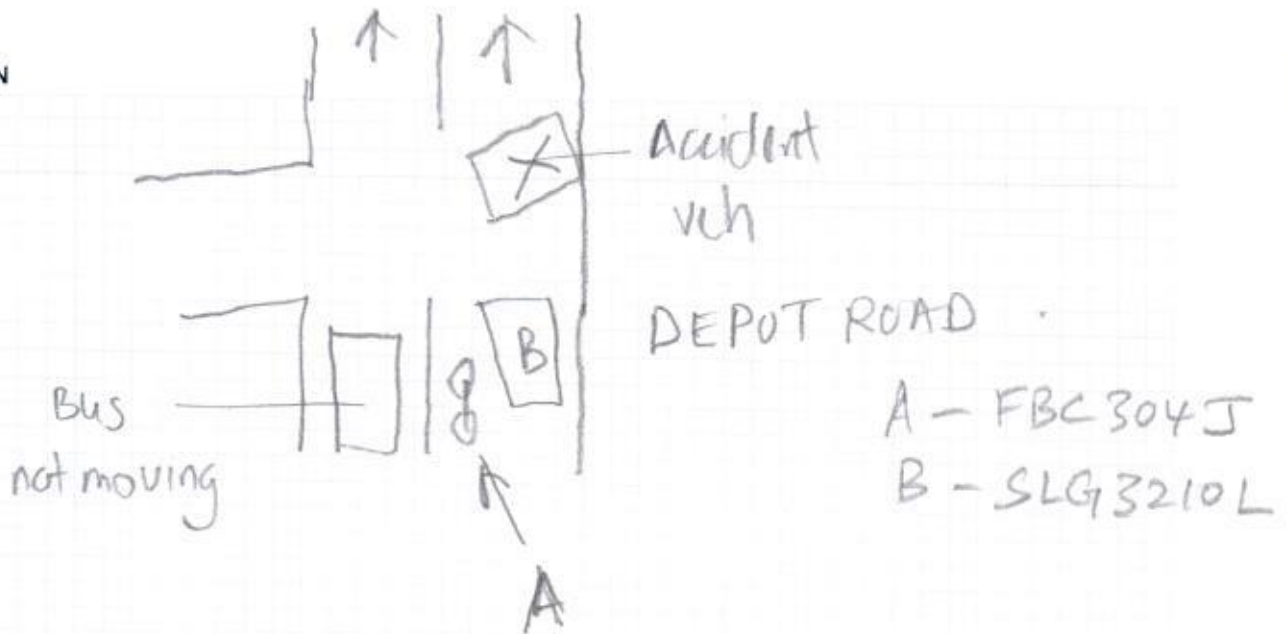


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
22/3/2019

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

SKETCH PLAN

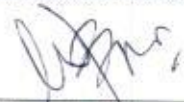


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Police Report  
1/20190321/2058

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:

  
22/3/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999



T/20190321/2058

1 of 3

Report No. T/20190321/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
21/03/2019 13:32

Vide Report No.:

Station Diary No.:  
15

### Informant's Particulars

Name of Informant:  
LIM ENG WAH

Address:  
APT BLK 19 DOVER CRESCENT #29-26 SINGAPORE  
130019

ID Type / ID No.:  
NRIC NO / S6920615H

Contact No.:  
Home/Office:

Mobile: 81281874

Nationality:  
SINGAPORE CITIZEN

Email:

Sex:  
Male

Age:  
49

Date of Birth:  
12/06/1969

Type of Informant:  
Rider

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
Taxi driver

Driving Licence Information:  
Class: 2,3

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
21/03/2019 13:15

Type of Location:  
Straight Road

Location:  
Along Road 1  
DEPOT ROAD

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Heavy

Type of Collision:  
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC304J	Motorcycle	HARLEY DAVIDSON	XL1200N	Silver	Slightly Damaged	0
SLG3210L	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC304J	NTUC Income Insurance Co-Operative Limited	5074928827-03	22/10/2018	21/10/2019



Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIM ENG WAH	ID No.	S6920615H
Related Vehicle	FBC304J (Motorcycle)	Contact No.	81281874
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Person Involved</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SLG3210L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 21/03/2019 @ 1315hrs while I was riding along the a/m location, there was a traffic accident happened on the right lane of the 2 lanes traffic, and the traffic flow there was heavy and slow. I was riding at the centre of both lanes, and was taking turns to move off from the traffic accident location. Suddenly, the said vehicle without checking his blind spot and lane changed to the left side of the lane and thus collided onto my motorcycle. I did not take down the particulars of the driver and only took down his vehicle number.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999



T/20190321/2058

3 of 3

Report No. T/20190321/2058

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt YIP KUM HOONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/03/2019 13:32

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6920615H

Name  
LIM ENG WAH

Race  
CHINESE

Date of Birth  
12-06-1969

Sex  
M

Country of Birth  
SINGAPORE

林英华

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6920615H

Name  
LIM ENG WAH

Birth Date 12 Jun 1969

Issue Date 08 Sep 2003

1000810221D

0374052

NRIC No. S6920615H

APT BLK 19 DOVER CRESCENT #29-20  
SINGAPORE 130019

NRIC No. S6920615H Date: 05/05/2015

Wood Group O+ Date of issue 05-06-1992

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 CC	02 Sep 1980
Class 2A Motorcycles between 201 CC and 400 CC	05 Nov 1992
Class 2 Motorcycles > 400 CC	08 Sep 2009
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	02 Dec 1994

S6920615H

S / No. 9000114531

License No: S6920615H

NF 420A

(Bukit Merah)



eBaoTech

General Claim

Hello, NAC\_BUKIT\_MERAH\_800676

[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="21/03/2019 13:15"/>
Vehicle No. (For Motor)	<input type="text" value="FBC304J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5074928827-03		LIM ENG WAH	S6920615H	GMC	Third Party, Fire & Theft	FBC304J	FBC304J	22/10/2018	21/10/2019

Policy Information					
Policy No.	5074928827-03		Policyholder Name	LIM ENG WAH	
Certificate No.			Policyholder NRIC	S6920615H	
Address	BLK 19 #29-26 DOVER CRESCENT DOVER VILLE SINGAPORE 130019				
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	21/09/2018	Effective Date	22/10/2018 00:00	Expiry Date	21/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	SGP BUSINESS CONSULTANCY I	Agent Tel.	62810777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	BLK 19 #29-26	Address 2	DOVER CRESCENT	Address 3	DOVER VILLE
Address 4	SINGAPORE 130019	Address Type	Singapore address	Post Code	130019
Unit No.		Related Policy Number	5074928827-03		
Insured Object: FBC3043					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					



## Claim Handling

Accident MT/1037104

Policy No.	5074928827-03	Vehicle No.	FBC304J	GST Registration No.
Certificate No.				
Policyholder Name	LIM ENG WAH			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	81281874	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	23/03/2019 09:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/03/2019	Time of Accident hh:mm	13:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	DEPOT ROAD			

## ▼ Excess

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

## ▼ 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 19 #29-26	Address 2	DOVER CRESCENT	Address 3
Address 4	SINGAPORE 130019	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5074928827-03	

## ▼ OI Driver Info

Driver Name	LIM ENG WAH	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6920615H	Driver DOB
Register Date of Driver License	01/01/1995	Driver Age	49	Driving Experience
Contact No.(Mobile)	81281874	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 19	Address 2	DOVER CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#29-26			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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	LIM EN
Contact No.(Mobile)	81281874	Contact No. (Home)	661070
Email Address		OT Vehicle Number	FBC304
Claim Description	FBC304J / SLG3210L ON 21 Mar 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/03/2019 09:28
Print AK letter		Workshop Repairer	

Save Submit

## Attachment



Accident No. MT/1037104 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 23/03/2019 09:20

Path \*

Category \*

Confidential

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	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:26	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:25	SAS	Normal	SAS 2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:24	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Mar 2019 09:24	Photos	Normal	Photos



## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading