

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **NA11908041**

Date In: 21/6/19-14:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC16011037124	SAS e-filing		
Veh No: JLC61432	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/6/19-12:10	i-Motor Claim Form	M7/1030110-001	21/6/19 13:05
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: (Tel: (Fax: (
TP Particulars:	Veh No: JBS8120K	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:- (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

NA1604649	Invoice Preparation Checklist		Amt (\$) Est 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			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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 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	22/06/2019 14:52
Date Of Accident	21/06/2019 12:10
Exact Location Of Accident	WOODLANDS CAUSEWAY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC6143Z
Insured/Policyholder	
Name Of Registered Owner	RAYN1MAN SERVICES
Co Reg No	53358126E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97432314
Alternative Phone No	OFFICE-97432314
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089362082-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD TAUFIK BIN OMAR
NRIC No	S1792880E
Date Of Birth	13/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1987
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97432314
Fax Number	
Contact Number	OFFICE-97432314
EMail Address	NOEMAIL

Address	BLK 322A SUMANG WALK #09-899
Postcode	821322
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 - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SBS8120K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	SIA CHIN SING
NRIC/Passport Number	S2739570H
Contact Number	98696282
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.
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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**.
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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.

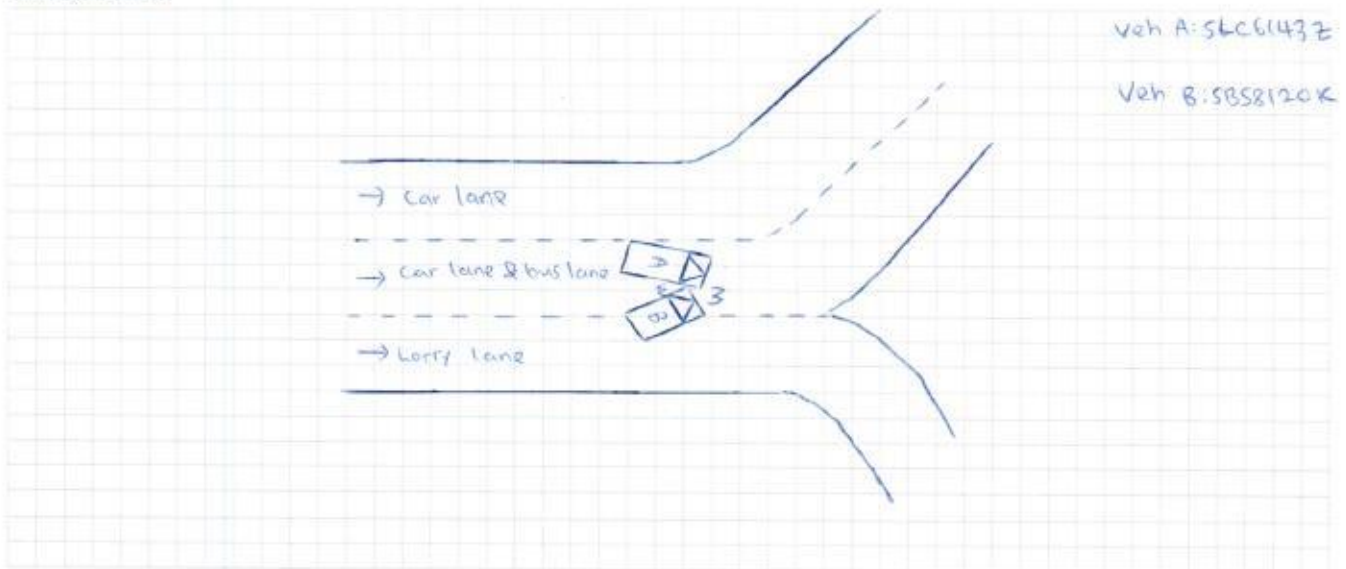
RAYN1MAN SERVICES
Co Reg No: 53358126E

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Causeway car lane and the traffic was congested. I make a turn to the right when there was enough space for me to move in. Suddenly, a SBS bus (5BS8120K) suddenly speeding towards my direction from the lorry lane. I quickly brake my car and give a horn when I noticed that and managed to stop my car in time. On the other hand, the SBS bus did not stopped but cut into my lane and collided into the front right part of my vehicle. We then exchange information and left the scene. No one was injured.

DECLARATION

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

RAYN1MAN SERVICES
Co Reg No: 53358128E

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.:

VEHICLE NO : SLC61432		MAKE/MODEL : Toyota Wish	
Date of Accident	21/06/2019	Time: 12:10	Foreign Veh Involved YES / NO
Location of Accident	WOODLANDS CAUSEWAY NEARING	Foreign Veh No	
Country of Loss	SINGAPORE		
Vehicle Damaged		No. of Veh Involved : 2	
Claim Type	OD / <u>TP</u> / REPORTING	Was There Any Witness	YES / NO
INSURANCE CO		Name of Witness :	
Coverage	Comprehensive/TPFT/Third Party Only	Contact No	:
Policy No			
Fleet Policy	YES / <u>NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	MUHAMMAD TAUFIK BIN OMAR	VEHICLE B	: S858120K BUS SERVICE MTU
NRIC / Co's Reg No.	S1792880E	Category	:
Address	APT BLK 322A SUMANG WALK #09-299 SINGAPORE 821322	Driver's Name	: SIA CHAN SING
Contact / Mobile No	97432314	NRIC No	: S2734570H
Email Address	taufik.m067@gmail.com	Contact No	: 48696282
Date of Birth	13/05/1967	No. of Passenger :	
Gender	M / F	VEHICLE C	:
DRIVER'S NAME	AS ABOVE	Category	:
NRIC No		Driver's Name	:
Address		NRIC No	:
		Contact No	:
Contact / Mobile No		No. of Passenger :	
Email Address			
Date of Birth		VEHICLE D	
Gender	M / F	Category	:
LICENSE PASSED DATE	05/11/1987	Driver's Name	:
		NRIC No	:
Occupation	Indoor / <u>Outdoor</u>	Contact No	:
Relation with Owner	OWNER	No. of Passenger :	
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	Clear / Raining / Others	Video Captured	: Yes / <u>No</u>
Road Surface	<u>Dry</u> / Wet / Others		
INJURED : YES / <u>NO</u>			
Name of Injured	:	Police Report	: YES / <u>NO</u>
Convey To Hospital by Ambulance	: YES / NO	If YES, Where	:
NO. OF PASSENGERS : 1			
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
Name of Passenger	:	M / F	INJURED? YES/NO
REMARKS : SUCCESS UNITED PTE LTD			
Name of Workshop	: 2 Kaki Bukit AutoHub	Contact No	:
Address	: Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921	Email	: keong@successunited.com.sg
Tel: 6746 1515 Fax: 6748 5015			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1792880E**


Name: **MUHAMMAD TAUFIK BIN OMAR**

Birth Date: **13 May 1967**

Issue Date: **13 Mar 2012**


For LKK/NAC Use Only

002050339D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1792880E**



Name: **MUHAMMAD TAUFIK BIN OMAR**


Race: **MALAY**

Date of birth: **13-05-1967**

Sex: **M**

Country of birth: **SINGAPORE**


51792880E



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

Class	Description	Effective Date
Class 2B	Motorcycles ≤ 200 cc	16 May 1988
Class 2A	Motorcycles between 201 cc and 400 cc	06 Jan 1995
Class 2	Motorcycles > 400 cc	27 Feb 2007
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	05 Nov 1987
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	25 May 2001

Licence No: **S1792880E**



NP 428A

4260539



NRIC No. **S1792880E**



Date of issue: **22-07-2008**

APT BLK 322A SUMANG WALK #09-899
SINGAPORE 821322

NRIC No: **S1792880E** Date: **02/09/2018**

For LKK/NAC Use Only

eBaoTech

General Claim

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="21/06/2019 12:10"/>
Vehicle No. (For Motor)	<input type="text" value="SLC6143Z"/>	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="radio"/>	5089362082-02		RAYN1MAN SERVICES	53358126E	GCV	Comprehensive	SLC6143Z	SLC6143Z	20/05/2019	19/05/2020

Policy Information

Policy No.	5089362082-02	Policyholder Name	RAYN1MAN SERVICES	Policyholder NRIC	53358126E
Certificate No.					
Address	BLK 322A #09-899 SUMANG WALK PUNGGOL BAYVIEW SINGAPORE 821322				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan			Group Policy Flag	N
Policy Issue Date	18/05/2019	Effective Date	20/05/2019 00:00	Expiry Date	19/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 322A #09-899	Address 2	SUMANG WALK	Address 3	PUNGGOL BAYVIEW
Address 4	SINGAPORE 821322	Address Type	Singapore address	Post Code	821322
Unit No.	04-281	Related Policy Number	5089362082-02		

Insured Object: SLC6143Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

Claim Handling

Exit

Accident MT/1050110

Policy No.	5089362082-02	Vehicle No.	SLC6143Z	GST Registration No.	
Certificate No.					
Policyholder Name	RAYNLIMAN SERVICES	Cover Type	Comprehensive	Policyholder NRIC	S3358126E
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97432314	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	70
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	22/06/2019 15:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	21/06/2019	Time of Accident (human)	12:10	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CAUSEWAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	22/06/2019 15:04:35 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 322A #09-899	Address 2	SUMANG WALK	Address 3	PUNGGOL BAYVIEW
Address 4	SINGAPORE 821322	Address Type	Singapore address	Post Code	821322
Unit No.	04-281	Related Policy Number	5089362082-02		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/05/1967
Unnamed driver Name	MUHAMMAD TAUFIK BIN OMAR	Driver NRIC	S1792880E	Driving Experience	31
Register Date of Driver License	05/11/1987	Driver Age	32	Contact No. (Home)	0
Contact No. (Mobile)	97432314	Contact No. (Office)	0	Address 3	PUNGGOL BAYVIEW
Address 1	BLK 322A	Address 2	SUMANG WALK	Post Code	821322
Address 4	SINGAPORE 821322	Address Type	Singapore address		
Unit No.	09-899				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	RAYNLIMAN SERVICES	Insured NRIC	S3358126E
Contact No. (Mobile)	97432314	Contact No. (Home)		Contact No. (Office)	NIL
Email Address	taufikmo67@gmail.com	O1 Vehicle Number	SLC6143Z	TP Vehicle Number	5858120K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLC6143Z / 5858120K ON 21 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/06/2019 15:05	Claim Close Date		Date Received	22/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

















Attachment

Accident No.	MT/1050110	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2019 15:07
Path *		Category *	Please Select
		Confidential	<input type="radio"/> Yes <input checked="" type="radio"/> No
		Urgency *	Normal
		Description *	

Browse...	Clear	Please Select	N/D	Normal
Browse...	Clear	Please Select	N/D	Normal
Browse...	Clear	Please Select	N/D	Normal
Browse...	Clear	Please Select	N/D	Normal
Browse...	Clear	Please Select	N/D	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	SAS	Normal	SAS 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:06	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:05	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:05	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:05	Photos	Normal	Photos 2019-6-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Jun 2019 15:05	Photos	Normal	Photos 2019-6-22		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				