

NATIONAL Assessment Centre Services

Ref: 1 Jan 05 MHA19119486-01

Date In: 9/9/19 16:04	Job description	Date & Time Completed	Done by
Ref No: NA1906826	SAS e-filing		
Veh No: SUTS33M4	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/9/19 - 15:15	i-Motor Claim Form	M71061600-001	9/9/19 16:18
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: 8J38275	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

NA1906826	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	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	09/09/2019 16:04
Date Of Accident	08/09/2019 15:15
Exact Location Of Accident	BUKIT TIMAH RD INFRONT LP: 84
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7532H
Insured/Policyholder	
Name Of Registered Owner	LALETHA D/O S NITHIYANANDAN
NRIC No	S1299790F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96268271
Alternative Phone No	OFFICE-96268271
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF CABRIOLET 1.4 TSI AT 5172Q5
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	5084512760-02
Cover Note Number	

Driver

Name of Driver	LALETHA D/O S NITHIYANANDAN
NRIC No	S1299790F
Date Of Birth	15/12/1958
Occupation	INDOOR
Date Of Driving Pass	15/12/1982
Driving Experience	36 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96268271
Fax Number	
Contact Number	OFFICE-96268271
Email Address	NOEMAIL

Address	259 ARCADIA ROAD #06-03
Postcode	289852
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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	SLJ3827S
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WAYNE GLADWIN
NRIC/Passport Number	S7183543Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN327M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver BALASUBRAMANIAN MURA LITHARAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

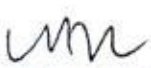
SKETCH PLAN

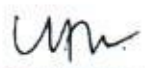
IMPORTANT NOTICE

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:


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

SKETCH PLAN



CAR A: SUB 7532H

CAR B: SW 3927S

CAR C: YN 827M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

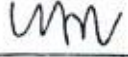
ON STATED DATE AND TIME.

I WAS TRAVELLING ALONG BUKIT TIMAH ROAD MY CAR BEARING SUB 7532H, I WAS STATIONARY AT THE TRAFFIC LIGHT WAITING FOR THE TRAFFIC LIGHT TO BE CLEAR, SUDDENLY I FELT A HUGE IMPACT FROM THE REAR FROM CAR BEARING YN 827M. THE IMPACT WAS SO HUGE THAT CAUSE MY VEHICLE PROPELLED TO COLLIDED ON TO CAR BEARING SW 3927S. I ALIGHTED FROM MY VEHICLE THEN REALISE I WAS INVOLVED 3 CARS CHAIN COLLISION.

DECLARATION

(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:

Date of Accident : 03/09/2019 Accident Time: 1515 (24-HR-Format)
 Accident Place : BUKIT TIMAH ROAD INFRONT OF CAMP POST 84
 Vehicle Reg. No. (Car Plate No.) : SUB 7532H
 Vehicle Make/Model : VOLKSWAGEN
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : AS PER DRIVER DETAILS
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LALITHA O/O S NITY ANANDAN. 81299790F.
 DRIVER'S Date Of Birth : 15/10/19 DRIVER'S License Pass Date 15-Dec 1982
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 258 ARCADIA ROAD #06-03
 DRIVER'S Contact No. / Alt No. : 1) 96263271 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : ADMIN@MYCAR.SG
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 female No injuries.
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SJ 3827S
 Vehicle Make/Model: BMW
 Name Driver: WAYNA BURDWIN
 IC No. Driver: 871035432
 Driver's Contact & Add: _____

Vehicle Reg. No: YN 327M
 Vehicle Make/Model: Lorry
 Name Driver: BALASUBRAMANIAN
MUDALITHARAN
 IC No. Driver: 33745133
 Driver's Contact & Add: _____

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 : MNA119119486 Vehicle Registration No: SLB7532H
Name (as shown in NRIC) : LALETHA D/O S NITHIYANANDAN NRIC/FIN/Passport No : S1299790F
(~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 259 ARCADIA ROAD #06-03 Singapore (289852)
Contact (Tel) : _____ Mobile No. : 96268271
Email Address : _____
Date of Accident : 08/09/2019 Time of Accident : 15:15
Place of Accident : BUKIT TIMAH RD INFRONT LP: 84
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 gender of driver

Policyholder / Driver's Signature
Date:


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

eBaoTech

GeneralClaim

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="08/09/2019 15:15"/>							
Vehicle No. (For Motor)	<input type="text" value="SLB7532H"/>	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"/>	5084512760-02		LALETHA D/O S NITHIYANANDAN	S1299790F	GPC	drivo PREMIUM	SLB7532H	SLB7532H	04/03/2019	03/03/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5084512760-02	Policyholder Name	LALETHA D/O S NITHIYANANDA	Policyholder NRIC	S1299790F
Certificate No.					
Address	259 ARCADIA ROAD #06-03 HILLCREST ARCADIA SINGAPORE 289852				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/02/2019	Effective Date	04/03/2019 00:00	Expiry Date	03/03/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	259 ARCADIA ROAD	Address 2	#06-03 HILLCREST ARCADIA	Address 3	SINGAPORE 289852
Address 4		Address Type	Singapore address	Post Code	289852
Unit No.	06-03	Related Policy Number	5084512760-02		

Insured Object: SLB7532H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

- Exit

Accident MT/1061600

Policy No.	S084512760-02	Vehicle No.	SLB7532H	GST Registration No.	
Certificate No.					
Policyholder Name	LALETHA D/O S NITHIYANANDAN	Cover Type	drive PREMIUM	Policyholder NRIC	S1299790F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96268271	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	09/09/2019 16:16	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/09/2019	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH RD INFRONT LP: 54				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	259 ARCADIA ROAD	Address 2	#06-03 HILLCREST ARCADIA	Address 3	SINGAPORE 289852
Address 4		Address Type	Singapore address	Post Code	289852
Unit No.	06-03	Related Policy Number	S084512760-02		
01 Driver Info					
Driver Name	LALETHA D/O S NITHIYANANDAN	Driver Type	Main Driver	Driver DOB	15/12/1958
Unnamed driver Name		Driver NRIC	S1299790F	Driving Experience	36
Register Date of Driver License	15/12/1982	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	96268271	Contact No.(Office)	0	Address 3	SINGAPORE 289852
Address 1	259 ARCADIA ROAD	Address 2	HILLCREST ARCADIA	Post Code	289852
Address 4		Address Type	Singapore address		
Unit No.	06-03				
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 *	OD-MX	Insured Name	LALETHA D/O S NITHIYANANDAN	Insured NRIC	S1299790F
Contact No.(Mobile)	96268271	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	lala_m@briconsultants.com	01 Vehicle Number	SLB7532H	TP Vehicle Number	SLJ38275
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLB7532H / SLJ38275 ON 8 Sept 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/09/2019 16:18	Claim Close Date		Date Received	09/09/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1061600	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/09/2019 16:19
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal
Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal

Browse...

Browse...

Browse...

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:19	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	SAS	Normal	SAS 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 09 Sep 2019 16:18	Photos	Normal	Photos 2019-9-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in new Window

Scan and uploading