

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 willful 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	16/10/2019 15:22
Date Of Accident	14/10/2019 14:45
Exact Location Of Accident	JUNC OF UBI RD 1 & UBI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG5351Z
Insured/Policyholder	
Name Of Registered Owner	ELECTRO-MAC PRODUCT SERVICES
Co Reg No	44135500E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62605616

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5087560311-02
Cover Note Number	

Driver

Name of Driver	CHEONG YAU WAI
NRIC No	S1424512Z
Date Of Birth	18/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96325378
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 309 SHUNFU RD #13-185
Postcode	570309
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : MELVIN TAN YONG ANN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191015/2075

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 Witness 1

Name	MELVIN TAN YONG ANN
Phone Number	97677656
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU7729U
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 CHEONG YAU WAI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJG5351Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MELVIN TAN YONG ANN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJG5351Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

ELECTRO-MAC PRODUCT SERVICES

57 Ubi Ave 1 #07-01 Singapore 408936
Tel: 65-6260 5616 Fax: 65-6260 5617

www.electro-mac.com

email: edward@electro-mac.com

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

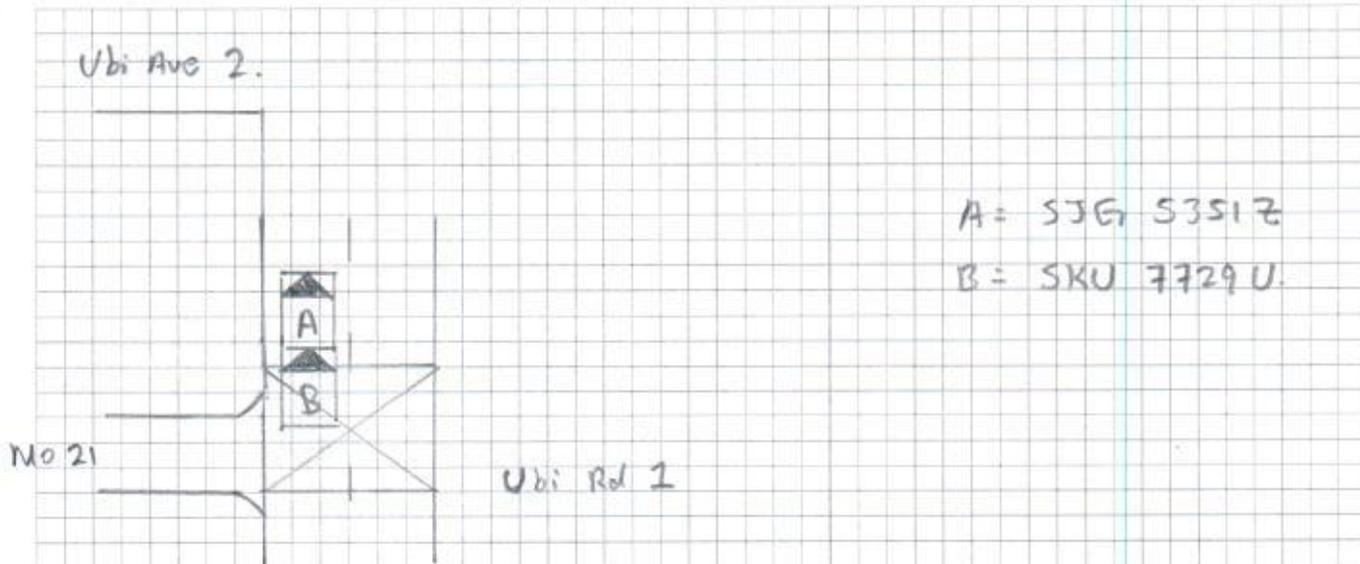


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191015/2075.

DECLARATION

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

ELECTRO-MAC PRODUCT SERVICES
 57 Ubi Ave 1 #07-01 Singapore 408936
 Tel: 65-6260 5616 Fax: 65-6260 5617
 www.electro-mac.com

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 10 / 19) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: Junc of Ubi Rd 1 & Ubi Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 53G 53518
b) INSURANCE COMPANY: Electro-mac
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: commercial
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: Electro-mac Product Services (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62605616
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96325378
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: Tampines North MP.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKU 7729 U MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Witness: passenger.
Melvin Tan Yong An
97677656

Email = edward@electro-mac.com

fax =

VIDEO = No

* chop & veh.



**SINGAPORE
POLICE FORCE**



T/20191015/2075

1 of 3

Report No. T/20191015/2075

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2019 13:36	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars			
Name of Informant: CHEONG YAU WAI		Address: APT BLK 309 SHUNFU ROAD #13-185 SINGAPORE 570309	
ID Type / ID No.: NRIC NO / S1424512Z		Contact No.: Home/Office: Mobile: 96325378	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 18/01/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 14:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UBI ROAD 1 UBI AVENUE 2 Nearby 31 Ubi Road 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG5351Z	Car				Slightly Damaged	1
SKU7729U	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20191015/2075

CONTINUATION OF REPORT

Driver					
Name	CHEONG YAU WAI	ID No.	S1424512Z		
Related Vehicle	SJG5351Z (Car)	Contact No.	96325378		
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL		
Date Treatment	15/10/2019	Date Discharge	15/10/2019		
No. of Days granted Medical Leave	03	Degree of Injury	NIL		
Driver					
Name	TAN CHAI HUAT	ID No.	S1645098G		
Related Vehicle	SKU7729U (Car)	Contact No.	96662254		
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 above mentioned date, time and location I was on the extreme left lane of a two lane waiting for the traffic light to turn green. One vehicle bearing registration SKU7729U hit the rear bumper of my vehicle. I wish to state both my passenger and I were injured due to the collision and my vehicle was damaged.



**SINGAPORE
POLICE FORCE**



T/20191015/2075

3 of 3

Report No. T/20191015/2075

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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:
G /
Sr Staff Sgt MUHAMMAD HADIZ AMINURACID
BIN JOHAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/10/2019 13:36

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087560311-02		ELECTRO-MAC PRODUCT SERVICES	44135500E	GCV	Comprehensive	SJG5351Z	SJG5351Z	05/07/2019	04/07/2020

Continue

Claim Handling

Accident MT/1067177

Policy No.	5087560311-02	Vehicle No.	5XG5351Z	GST Registration No.	44135500E
Certificate No.					
Policyholder Name	ELECTRO-MAC PRODUCT SERVICES			Policyholder NRIC	44135500E
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	62605616	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	Yes

Accident Details

Report Date	16/10/2019 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/10/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF UBI RD 1 & UBI AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00		
Y1ED OD Excess	0.00	Y1ED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	2,000.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	16/10/2019 15:37:24 System changed GST Registered from Yes to No 16/10/2019 15:37:24 System changed GST Registration No. from 44135500E to null 16/10/2019 15:37:24 System changed GST Registration Date from 04/03/1991 to null		

Policyholder Mailing Address

Address 1	57 UBI AVENUE 1	Address 2	#07-01 UBI CENTRE	Address 3	SINGAPORE 408936
Address 4		Address Type	Singapore address	Post Code	408936
Unit No.	07-01	Related Policy Number	5087560311-02		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/01/1960
Unnamed driver Name	CHEONG YAU WAI	Driver NRIC	S1424512Z	Driving Experience	39
Register Date of Driver License	22/11/1979	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	96325378	Contact No.(Office)		Address 3	SHUNFU GARDENS
Address 1	BLK 309 #13-185	Address 2	SHUNFU ROAD	Post Code	570309
Address 4	SINGAPORE 570309	Address Type	Singapore address		
Unit No.	13-185				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ELECTRO-MAC PRODUCT SERV3	Insured NRIC	441355
Contact No.(Mobile)	96325378	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	5XG5351Z	TP Vehicle Number	SKU77
Claim Description	5XG5351Z / SKU7729U ON 14 Oct 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	16/10/2019 15:38
Date Registered				Date Received	16/10/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1067177	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2019 15:39

Path *

Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:39	SAS		Normal	SAS 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:39	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:39	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Oct 2019 15:38	Photos		Normal	Photos 2019-10-16

Video List

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