

NATIONAL Assessment Centre Services

Date In: 03/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021260/13	SAS e-filing		
Veh No: SLM8542P	E-mail (within 8hrs. Aft. 2hrs)		
D.O.A: 01/12/19 0240	i-Motor Claim Form	MT/1074016	-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: (Tel:	Fax:
TP Particulars:	Veh No: SLH243G	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

NA1909184	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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) RT : 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*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		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	03/12/2019 09:43
Date Of Accident	01/12/2019 02:40
Exact Location Of Accident	BENCOOLEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8542P
Insured/Policyholder	
Name Of Registered Owner	AUTO IMPERIAL CARS PTE LTD
Co Reg No	201703106W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87660478

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5097006262-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAHMY BIN ABU
NRIC No	S8100792F
Date Of Birth	06/01/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86606126
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 308C PUNGGOL WALK #02-334
Postcode	823308
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	5

Passenger 1	NAME: : UNKNOWN
	GENDER: : FEMALE

Passenger 2	NAME: : UNKNOWN
	GENDER: : FEMALE

Passenger 3	NAME: : UNKNOWN
	GENDER: : FEMALE

Passenger 4	NAME: : UNKOWN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	A 391 NEW BRIDGE RD CANTONMENT COMPLEX
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: A/20191202/7026

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	SLH243G
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	MUHAMMAD FAHMY BIN ABU
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLM8542P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN**IMPORTANT NOTICE**


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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 lodging 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/are 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.

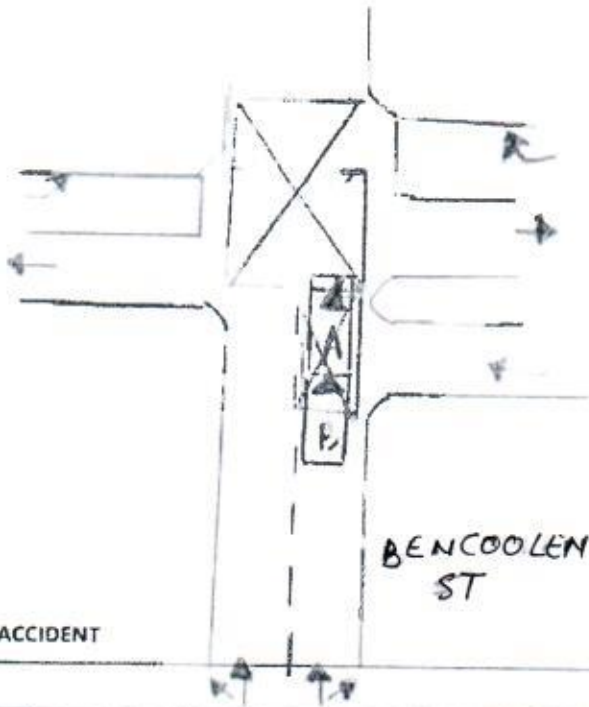

 Policyholder's Signature
 Date & Time


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time 02-12-19

 03/12/19
 Repairs Centre Personnel's Signature
 Name
 NRIC/FIN No.

SKETCH PLAN

A. SLM8542P
B. SLH243G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report:

DECLARATION: I/We hereby declare that the particulars are true in every respect

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02-12-19

Signature 03/12/19
Receiving Centre Personnel's Signature
Name
NRIC/FIN No



POLICE REPORT (NP299)

Report No. A/20191202/7026

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 02/12/2019 15:07	Vide Report No.	Station Diary No.		
Name Of Informant MUHAMMAD FAHMY BIN ABU	Address APT BLK 308C PUNGGOL WALK #02-334 SINGAPORE 823308			
ID Type / ID No. NRIC NO / S8100792F	Contact No. Home/Office:	Mobile: 86606126		
Nationality SINGAPORE CITIZEN	Email Address Mimisanpoy@gmail.com			
Occupation GRAB DRIVER	Sex Male	Age 38	Date of Birth 06/01/1981	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 01/12/2019 02:40 - 02/12/2019 00:00	Location Of Incident BENCOOLEN STREET			

Brief details.

On 1/12/19 at 02.40 hrs,I was driving my dark brown Toyota sienta slm8542p along bencoolen street,when I was about to turn right into strand hotel a white mercedes plate number slh 243g hit my rear of my vehicle..I was given 3 days medical leave..

Subjects Involved	
Victim	
Person Name	MUHAMMAD FAHMY BIN ABU

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 15:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20191202/7026

ID Type	NRIC NO	ID No	S8100792F
Gender	Male	Age	38
Race	Malay	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 308C PUNGGOL WALK #02-334 SINGAPORE 823308	Mobile No	86606126
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD FAHMY BIN ABU (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

02/12/2019 15:07

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 12 / 2019) (DD/MM/YYYY), TIME: (02 : 40) (HH:MM)

LOCATION: BENCOLLEEN ST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM 8542 P
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: 5097006262-02
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA SIENTA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: RMS ALLIANZ PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87666478
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHD FAHMAM BIN ABU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S81607921F CONTACT: 8660626
c) ADDRESS: _____

*d) DATE OF BIRTH: (06 / 01 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 YEARS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLH243G 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: _____

02/12/19 (13:00)

wanting email address
to send the sketch

plan for company
stamp

public report

Email =

fax =

video =

James Lim 3389@gmail.com.
Jeff Tan 77@yahoo.com.sg.

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

01/12/2019 02:40

Vehicle No.(For Motor)

SLM8542P

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5097006262-02		AUTO IMPERIAL CARS PTE LTD	201703106W	GFT	drive CLASSIC	SLM8542P	SLM8542P	14/02/2019	

Continue

Policy Information

Policy No.	5097006262-02	Policyholder Name	AUTO IMPERIAL CARS PTE LTD	Policyholder NRIC	201703106W
Certificate No.					
Address	219 HENDERSON ROAD #11-04 HENDERSON INDUSTRIAL PARK SINGAPORE 159556				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/02/2019	Effective Date	14/02/2019 00:00	Expiry Date	13/02/2020 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	3793.78		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	219 HENDERSON ROAD	Address 2	#11-04 HENDERSON INDUSTRIAL PARK	Address 3	SINGAPORE 159556
Address 4		Address Type	Singapore address	Post Code	159556
Unit No.	11-04	Related Policy Number	5097006262-02		

Insured Object: SLM8542P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/02/2019 00:00	Basic Information Endorsement	000001287009189	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1, SLB9604X 18-02-2019 \$2,895.44 In view of this amendment, an additional premium of \$2,895.44 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	04/03/2019 00:00	Basic Information Endorsement	000001287019583	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1,

Claim Handling

To proceed to this policy has got to be collected

Accident MT/1074016

Policy No.	5097006262-02	Vehicle No.	SLM8542P	GST Registr
Certificate No.				
Policyholder Name	AUTO IMPERIAL CARS PTE LTD			Policyholder I
Product Code	FLEET INSURANCE	Cover Type	Open CLASSIC	Loading
Contact No.(Mobile)	87663478	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	03/12/2019 10:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/12/2019	Time of Accident hh:mm	02:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	BERNCOOLEN STREET			

Excess

Own damage Excess	2,500.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	28
GST Registration No.	P01703106W	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	219 HENDERSON ROAD	Address 2	#11-04 HENDERSON INDUSTRI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-04	Related Policy Number	5097006262-02	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD FAHMY BIN ABU	Driver NRIC	58100793F	Driver DOB
Register Date of Driver License	07/06/2004	Driver Age	38	Driving Exper
Contact No.(Mobile)	96606126	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 308C	Address 2	PUNGGOL WALK	Address 3
Address 4	SINGAPORE 823308	Address Type	Singapore address	Post Code
Unit No.	702-134			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	A
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	5
Claim Description	SLM8542P / SLH243G ON 1 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	03/12/2019 10:39
		Workshop Repairer	ROSINDA

Print AK letter

Save Submit

Attachment

Accident No. MT1P2401N

Claim No. D01

Last Doc. Received * Yes No

Upload Date 03/12/2019 00:00

Path *

Category *

Confid

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Clear

Clear

Clear

Clear

Clear

Please Select

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NO

NO

NO


NO

NO

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:39	NRIC/ Driving License	Y	Normal	NRIC/ Di
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:39	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:39	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:39	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:39	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:39	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Dec 2019 10:38	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	?
<div>Display in New Window Scan and uploading</div>			