

NATIONAL Assessment Centre Services. [wef 1 Jan'05] *M/1287347*

Date In: <i>9/12/05-09:30</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA11NC20053711/24</i>	SAS e-filing		
Veh No: <i>5J72845E</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>6/12/05-14:45</i>	i-Motor Claim Form	<i>M/1287347-021</i>	<i>9/12/05 09:30</i>
OD: <i>(TP) Reporting Only</i>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *5J72845E* 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

	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
<i>NA200535</i>	1) AR: Accident Reporting (\$30);		
Claimant's Particulars:-	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments:-	6) TR: Re-inspection \$75		
Dat. 1:	7) N1: Idno DA + SMRT Survey \$160		
Dat. 2 / 3:	8) NTUC Additional Services:-		
	QJ)*		
	*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: Idno 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	09/03/2020 09:20
Date Of Accident	06/03/2020 14:45
Exact Location Of Accident	PIE (TUAS) BEFORE STEVENS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2840E
Insured/Policyholder	
Name Of Registered Owner	NEW AUTODRIVE CREDIT (S) PTE LTD
Co Reg No	2XXXXX137E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5113014248
Cover Note Number	

Driver

Name of Driver	MO BOON KIAT, ANDREW (MAO WENJIE,ANDREW)
NRIC No	SXXXX435D
Date Of Birth	25/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87794540
Fax Number	
Contact Number	OFFICE-87794540
E-Mail Address	NOEMAIL

Address	BLK 341 HOUGANG AVENUE 7 #06-451
Postcode	530341
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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	SJR7337U
Vehicle Make/Model/Colour	TOYOTA ALTIS
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	MO BOON KIAT, ANDREW (MAO WENJIE,ANDREW)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT2840E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

NEW AUTODRIVE CREDIT(S) PTE LTD
210 First Club Road, Lot B40
Singapore 28 7995

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 : 6/3/2020 Accident Time: 1445 (24-HR-Format)
 Accident Place : PIE TOWARDS TUAS BEFORE STEVENS EXIT
 Vehicle Reg. No. (Car Plate No.) : SJT 2840E
 Vehicle Make/Model : KIA CERATO
 Insurance Company : NTU Policy No. _____
 Owner or Company Name / IC No. : "
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : MU BOON KIAT, ANDREW S8033435D
 DRIVER'S Date Of Birth : 25/10/1980 DRIVER'S License Pass Date 12/11/2001
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 341 LUDGANG AVENUE 7 #06-451 S(530341)
 DRIVER'S Contact No./ Alt No. : 1) 8779 4540 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 Driver Male / Passenger: MALE
 Was there any video Captured by car camera: YES \ NO ↳ 2 days in ↳ injury unknown
 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: <u>SJR 7337U</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>TOYOTA ALTIS</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113014248

Cover : drivo CLASSIC

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJT2840E |
| Chassis Number | : KNAFW411MAS121060 |
| 2. Name of Policyholder | : NEW AUTODRIVE CREDIT (S) PTE. LTD. |
| 3. Effective Date of Insurance | : 30 Sep 2019 |
| 4. Expiry Date of Insurance | : 29 Sep 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered Inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,000
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GOLDEN PRIME INSURANCE AGENCY (00000613808)
Date of Issue : 30 Sep 2019 13:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

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[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113014248		NEW AUTODRIVE CREDIT (S) PTE. LTD.	201223137E	GPC	drive CLASSIC	SJT2840E	SJT2840E	30/09/2019	29/09/2020

Policy Information

Policy No.	5113014248	Policyholder Name	NEW AUTODRIVE CREDIT (S) P1	Policyholder NRIC	201223137E
Certificate No.					
Address	6B SWANAGE ROAD DUNMAN GARDEN SINGAPORE 437191				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/09/2019	Effective Date	30/09/2019 00:00	Expiry Date	29/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1000	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	6B SWANAGE ROAD	Address 2	DUNMAN GARDEN	Address 3	SINGAPORE 437191
Address 4		Address Type	Singapore address	Post Code	437191
Unit No.		Related Policy Number	5116375837		

Insured Object: SJT2840E

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1087347

Policy No.	5113014248	Vehicle No.	SJT2840E	GST Registration No.	
Certificate No.					
Policyholder Name	NEW AUTODRIVE CREDIT (S) PTE. LTD.			Policyholder NRJC	201223137E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NI
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(%)	0	Private Hire	Yes
Accident Details					
Report Date	09/03/2020 09:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/03/2020	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	PIE (TUAS) BEFORE STEVENS RD EXT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	1000				
Total OD Excess Applicable	3000.00	Total TP Excess Applicable			

GST Registered Information			
GST Registered	Yes	GST Registration Date	01/09/2017
GST Registration No.	201223137E	GST Status Verified	Yes
Modification History	09/03/2020 09:32:10 System changed GST Registered from No to Yes 09/03/2020 09:32:10 System changed GST Registration No. from null to 201223137E 09/03/2020 09:32:10 System changed GST Registration Date from null to 01/09/2017		

Policyholder Mailing Address				
Address 1	5B SWANAGE ROAD	Address 2	DUNMAN GARDEN	
Address 4		Address Type	Singapore address	
Unit No.		Related Policy Number	5116275837	
Address 3	SINGAPORE 437191		Post Code	437191

Q1 Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	MO BOON KIAT, ANDREW (MAC	Driver NRJC	SXXXX435D
Register Date of Driver License	12/11/2001	Driver Age	39
Contact No.(Mobile)	87794540	Contact No.(Office)	0
Address 1	BLK 341	Address 2	HOUGANG AVENUE 7
Address 4		Address 3	SINGAPORE 530341
Unit No.	06-451	Address Type	Singapore address
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	530341
		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

Modification History

Claim 001	New				
Claim Type *	OD-MX	Insured Name	NEW AUTODRIVE CREDIT (S) PT	Insured NRJC	201223137E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		Q1 Vehicle Number	SJT2840E	TP Vehicle Number	SJR7337U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRJC *			
Claimant Address					
Claim Description	SJT2840E / SJR7337U QN 6 Mar 2020				
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	09/03/2020 09:32	Claim Close Date		Date Received	09/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1087347	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/03/2020 09:33
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Attachment List

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	SAS	Normal	SAS 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 09 Mar 2020 09:33	Photos	Normal	Photos 2020-3-9	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window Scan and uploading