

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA20058021**

Date In: 8/7/20-17:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC20058021/07/24	SAS e-filing		
Veh No: 56N39727	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/2/20-22:40	i-Motor Claim Form	27/10/2017 15:01	8/7/20 8:05
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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 56N39727	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

NA20058021	Invoice Preparation Checklist	Am't (\$) Est 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*		
	*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 (N/A INC) against INC \$20		
	9) N12: Idac Mobile \$30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	08/07/2020 17:52
Date Of Accident	07/07/2020 22:40
Exact Location Of Accident	JUNC PUNGGOL RD & SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3972T
Insured/Policyholder	
Name Of Registered Owner	TAT WAI ENTERPRISE PTE LTD
Co Reg No	1XXXXX029W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97924884
Alternative Phone No	OFFICE-97924884

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	5107258841-01
Cover Note Number	

Driver

Name of Driver	PATRICK LIEN JUN JIE
NRIC No	SXXXX657J
Date Of Birth	18/07/1995
Occupation	INDOOR
Date Of Driving Pass	24/01/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90927755
Fax Number	
Contact Number	OFFICE-90927755
EEmail Address	NOEMAIL

Address	BLK 560 HOUGANG STREET 51 #04-408
Postcode	530560
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	SLS5621H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDMUND CHIN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

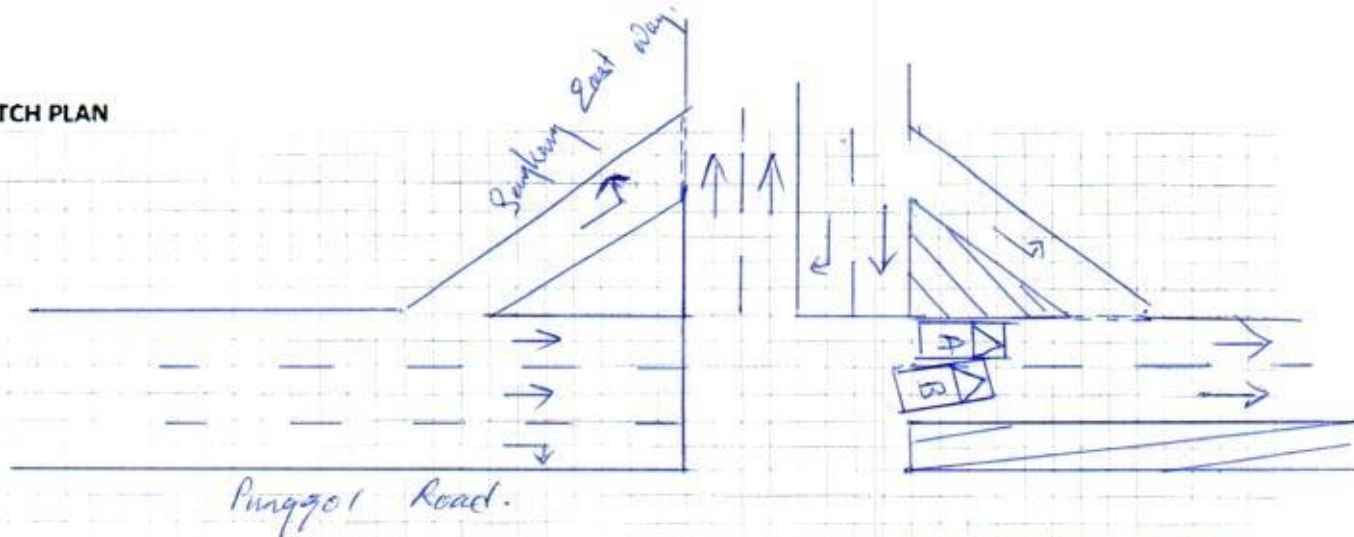
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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



(A) SGN 3972 T.
(B) SLS 5621 H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 07/07/2020 at @ 2240 hrs, I was travelling in my vehicle (SGN 3972 T) along Punggol Road towards the direction of Hongkong. While approaching the junction of Serpong East Way, the traffic light was green and I proceed straight on the left lane. Suddenly, a car (SLS 5621 H) on my right cut into my path and collided onto the right side of my vehicle.

DECLARATION

I/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.:

Vehicle No.	SGN 3972 T	Model / Make	Toyota Vios
Date of Accident	07/07/2020		
Time of Accident	2240 HRS		
Location of Accident	Punggol Road Junction Sengkang East way		
Exact purpose use during accident	Private Used		
Name of Owner	TAT WAI ENTERPRISE PTE LTD		
Telephone No.	H/P: 9792 4884	Home :	Office :
NRIC	199502029 W		
Address	20 Woodlands Industrial Park E1 (S) 757739		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NJUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5107258841-01		
Name of Driver	As Above If No, Patrick Lian Jun Jie		
NRIC	S 9525657 J	Any Passengers :	N.A.
Date of birth	18/07/1995		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	24/01/2015		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9092 7755	Home :	Office :
Address	BUS 560 Hougang St 51 #04-408 (S) 536560		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee, If no, state	Father's company car	
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> If Yes, Where?		
Vehicle B No.	SL5 5621 H	Any Passengers :	N.A.
Name of Driver	Edmund Chen	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Right side		
Camera Recorder	Yes / <u>No</u>		
Email Address			
PARTICULAR WORKSHOP	Twinair		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n5i.com.sg		

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107258841-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SGN3972T**
Chassis Number : MR053HY4204210166
2. Name of Policyholder : TAT WAI ENTERPRISE PTE LTD
3. Effective Date of Insurance : 16 May 2020
4. Expiry Date of Insurance : 15 May 2021
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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
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	: N/A
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 : BONAVENTURE ENTERPRISE PTE LTD (00000572525)
Date of Issue : 08 May 2020 16:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107258841-01		TAT WAI ENTERPRISE PTE LTD	199502029W	GPC	drive PREMIUM	SGN3972T	SGN3972T	16/05/2020	15/05/2021

Policy Information

Policy No.	5107258841-01	Policyholder Name	TAT WAI ENTERPRISE PTE LTD	Policyholder NRIC	199502029W				
Certificate No.									
Address	20 WOODLANDS IND PK E 1 ADMIRALTY IND PARK SINGAPORE 757739								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	08/05/2020	Effective Date	16/05/2020 00:00	Expiry Date	15/05/2021 23:59				
Excess Type	Per Accident	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	BONAVENTURE ENTERPRISE PTI	Agent Tel.	66989138	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	20 WOODLANDS IND PK E 1	Address 2	ADMIRALTY IND PARK	Address 3	SINGAPORE 757739
Address 4		Address Type	Singapore address	Post Code	757739
Unit No.		Related Policy Number	5107258841-01		

Insured Object: SGN3972T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1096423

Policy No.	510725841-01	Vehicle No.	SGN3972T	GST Registration No.	M289204113
Certificate No.					
Policyholder Name	TAT WAI ENTERPRISE PTE LTD	Cover Type	drive PREMIUM	Policyholder NRIC	199502029W
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97924884	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KTK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Endowment(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/07/2020 18:03	Accident Report within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/07/2020	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	JURONG PUNGGOL RD & SENGKANG EAST WAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	15/05/1995
GST Registration No.	M289204113	GST Status Verified	Yes
Modification History	08/07/2020 18:04:45 System changed GST Registration Date from 01/01/2015 to 15/05/1995 08/07/2020 18:04:45 System changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	20 WOODLANDS IND PK E 1	Address 2	ADMIRALTY IND PARK	Address 3	SINGAPORE 767739
Address 4		Address Type	Singapore address	Post Code	757739
Unit No.		Related Policy Number	510725841-01		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/07/1995
Unnamed driver Name	PATRICK LIEN JUN JIE	Driver NRIC	S9525657J	Driving Experience	5
Register Date of Driver License	24/01/2015	Driver Age	24	Contact No. (Home)	0
Contact No. (Mobile)	90927758	Contact No. (Office)	0	Address 3	SINGAPORE 530560
Address 1	BLK 560	Address 2	HOUANG STREET 51	Post Code	530560
Address 4		Address Type	Singapore address		
Unit No.	04-408				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAT WAI ENTERPRISE PTE LTD	Insured NRIC	199502029W
Contact No. (Mobile)	NIL	Contact No. (Home)	NIL	Contact No. (Office)	63619379
Email Address		OT Vehicle Number	SGN3972T	TP Vehicle Number	SL55621H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGN3972T / SL55621H ON 7 Jul 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	08/07/2020 18:05	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	08/07/2020 00:00

☒ Print AK letter













Attachment

Accident No.	MT/1096423	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/07/2020 18:06

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	SAS	Normal	SAS 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 08 Jul 2020 18:06	Photos	Normal	Photos 2020-7-8	

Video List

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