

# NATIONAL Assessment Centre Services

Date In: 18/08/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC00008617/13	SAS e-filing		
Veh No: FBD 3169H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 02/08/20 2120	i-Motor Claim Form	MT/1100346-001	
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: 5426268X	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:	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

NA0004249	Invoice Preparation Checklist:	Amil (\$)	Amil (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Cal 1:			
Cal 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	18/08/2020 14:31
Date Of Accident	02/08/2020 21:20
Exact Location Of Accident	BRICKLAND RD TWDS KJE NEAR JLN LAM SAM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD3169H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDULLAH AL-SITTIQ S/O MOHD KUPPAI
NRIC No	SXXXX512A
Email Address	ABDULLAHSITTIQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84886841
Alternative Phone No	OTHERS-84886841
<b>Vehicle Particulars</b>	
Manufacturer	PIAGGIO
Model	GILERA RUNNER
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	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5041366219-10
Cover Note Number	
<b>Driver</b>	
Name of Driver	ABDULLAH AL-SITTIQ S/O MOHD KUPPAI
NRIC No	SXXXX512A
Date Of Birth	11/12/1987
Occupation	INDOOR
Date Of Driving Pass	01/09/2016
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886841
Fax Number	
Contact Number	OTHERS-84886841
EEmail Address	ABDULLAHSITTIQ@GMAIL.COM

Address	BLK 134 BUKIT BATOK WEST AVE 6 #09-447
Postcode	650134
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	- - -
<b>General Information of the Accident</b>	
Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY
<b>Other Information</b>	
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)	1
<b>Details of Police Action</b>	
Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	
<b>Circumstances of Accident</b>	
PLS REFER TO THE POLICE REPORT: T/20200803/2001	
<b>Attachment(s)</b>	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
<b>DETAILS OF OTHER VEHICLE PROPERTY 1</b>	
Vehicle Registration Number	SLZ6368X
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

ABDULLAH AL-SITTIQ S/O MOHD KUPPAI

Approximate Age

Injuries Sustain

CALF,KNEE,TIGH,NECK &BACK

Injured person in which vehicle?

FBD3169H

Were seat belts worn?

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.

Policyholder's Signature

Date & Time: 18-08-2020  
12:45

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

AS PER ATTACHED

Pls refer to the police report: T/20200803/2001

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

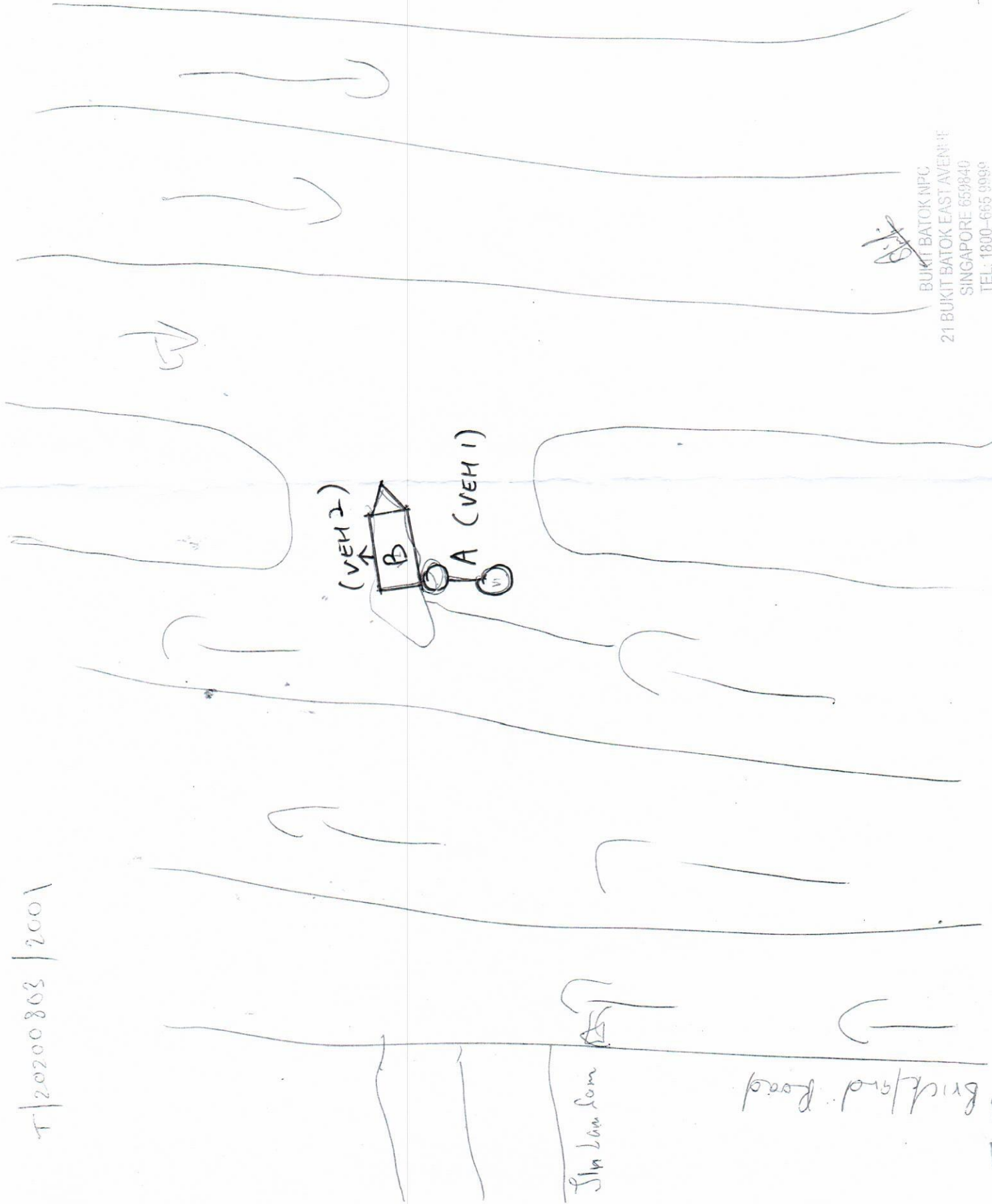
GIARMC SketchPlanForm\_V3

Date &amp; Time:

NRIC/FIN No.:




T/20200803/2001



A (V11) FBD 169H  
B (V2) SL76368X

  
BUKIT BATOK NPC  
21 BUKIT BATOK EAST AVENUE  
SINGAPORE 659840  
TEL: 1800-665 9999

  
SB 243512A



# SINGAPORE POLICE FORCE



T/20200803/2001

1 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20200803/2001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2020 01:29	Vide Report No.: J/20200802/0200	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: ABDULLAH AL-SITTIQ S/O MOHAMED KUPPAI			Address: APT BLK 134 BUKIT BATOK WEST AVENUE 6 #09-447 SINGAPORE 650134		
ID Type / ID No.: NRIC NO / S8743512A			Contact No.: Home/Office: Mobile: 84886841		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 11/12/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: FIRE TECHNICIAN			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident					
Type of Accident:	Non-Injury		Drink Drive: No	Date/Time of Accident: 02/08/2020 21:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BRICKLAND ROAD KRANJI EXPRESSWAY along Brickland Rd towards KJE, near Jalan Lam Sam					
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD3169H	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black	Seriously Damaged	0
SLZ6368X	Car				Slightly Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200803/2001

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

2 of 3

Report No. T/20200803/2001

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD3169H	NTUC Income Insurance Co-Operative Limited	5041366219-10	23/01/2020	22/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDULLAH AL-SITTIQ S/O MOHAMED KUPPAI		ID No. S8743512A
Related Vehicle	FBD3169H (Motorcycle)		Contact No. 84886841
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL	Degree of Injury Slight

**Brief Details.**

On 02/08/2020 at about 2120hrs, I was riding my motorcycle, FBD3169H (V1), alone along Brickland Road towards KJE on the first lane. There was a red car bearing the plate number SLZ6368X (V2), which was driving along the second lane. There was a traffic light ahead so our speed was not fast. Suddenly, V2 turned to the right and attempted to make a U-turn. I did not manage to avoid and V1 and V2 collided. V1 was hit on the front and V2 was hit on the right. I on the road for a while, trying to stabilise myself. I noticed that the car stopped and after a while, the driver came out. He is an Indian man who seemed to be in his 30s. I noticed that there was a female subject and two children in V2. I asked the driver to call for the ambulance and the police but he did not acknowledge. A member of public approached to say that V1 was leaking and we later managed to put V1 on its stand. As there was no serious injury sustained, I suggested to move our vehicles to Jalan Lam Sam nearby so as to not cause an obstruction on the road. Once our vehicle were parked, V2's driver suggested to settle the matter privately but I refused. My cousin arrived shortly as I have called him for assistance for the accident. V2's driver then went on a phone call and he was pacing up and down. At a point, he walked to his car, got into the car and he suddenly drove off. I did not manage to get his particulars.

The damage to V1 is extensive; there are dents and scratches, and I am unable to start V1. It was left to park at the pathway of Jalan Lam Sam and will be towed. There are pain on my calf, knee, thigh, neck and back areas. Ambulance and TP arrived later. I was advised by the TP officer to lodge an accident report.



**SINGAPORE  
POLICE FORCE**



T/20200803/2001

3 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20200803/2001

**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:

J /

Sgt 3 NUR' FAIZZAHASHIKIN BINTE SUBTU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

03/08/2020 01:29

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



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"/>	5041366219-10		ABDULLAH AL-SITTIQ S/O MOHD KUPPAI	S8743512A	GMC	Third Party, Fire & Theft	FBD3169H	FBD3169H	23/01/2020	22/01/2021

## Claim Handling

## Accident MT/1100346

Policy No.	S041366219-10	Vehicle No.	FBD3169H	GST Registration No.	
Certificate No.					
Policyholder Name	ABDULLAH AL-SITTIQ S/O MOHD KUPPAI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S87435127
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	84886841	Special Remark		Contact No.(Home)	0
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	18/08/2020 15:02	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/08/2020	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRICKLAND RD TWDS KJE NEAR JLN LAM SAM				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess		Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 134 #09-447	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	650134
Unit No.		Related Policy Number	5118587013		
<b>OI Driver Info</b>					
Driver Name	ABDULLAH AL-SITTIQ S/O MOHD KUPPAI	Driver Type	Main Driver	Driver DOB	11/12/1981
Unnamed driver Name		Driver NRIC	S8743512A	Driving Experience	13
Register Date of Driver License	01/01/2007	Driver Age	32	Contact No.(Home)	0
Contact No.(Mobile)	84886841	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 134	Address 2	BUKIT BATOK WEST AVENUE 6	Post Code	650134
Address 4		Address Type	Singapore address		
Unit No.	#09-447	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ABDULLAH AL-SITTIQ S/O MOH	In: NF
Contact No.(Mobile)	84886841	Contact No. (Home)	65645704	Co Nc (O
Email Address	ABDULLAHSITTIQ@YAHOO.COM	OI Vehicle Number	FBD3169H	TP Ve Nc
Claim Description	FBD3169H / SLZ6368X ON 2 Aug 2020			Ng Pr Wt
Preferred Workshop	Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	18/08/2020 15:07	Claim Close Date		De Re
Report Taken By	ROSLINDA	Workshop Repairer		To bu Re
Print AK letter				
Save Submit				

## Attachment

Accident No.	MT/1100346	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/08/2020 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
		Urgency *	Normal



No file chosen No file chosen No file chosen

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:07	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:07	SAS		Normal	SAS 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:07	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:07	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:07	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:07	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Aug 2020 15:06	Photos		Normal	Photos 2020-8-18

## 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"/>