

NATIONAL Assessment Centre Services

Date In: 05/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000131/13	SAS e-filing		
Veh No: SKT233J	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 04/01/21 1150	I-Motor Claim Form	06/01 MT/1116288-001	
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: SMT 7643R	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

NA2101047

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idno 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: 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 Submission	05/01/2021 12:18 (SGT)
Date of Accident	04/01/2021 11:50 (SGT)
Exact Location of Accident	Toh Guan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT233J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FONG AUTO
Company Reg No	5XXXX159A
Email Address	tanguofong@gmail.com
Mobile Phone No	(Phone) +65-97736647
Alternative Phone No	+65-97736647

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114376890
Cover Note Number	-

DRIVER

Name of Driver	TAN GUO FONG
NRIC No	SXXXX057B
Date Of Birth	25/01/1995
Occupation	Indoor

Date Of Driving Pass	29/05/2014
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97736647
Alt. Phone Number	-
Email Address	tanguofong@gmail.com
Address	BLK 753 PASIR RIS ST 71
Address complement	#10-118
Postcode	510753
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT7643P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN GUO FONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKT233J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

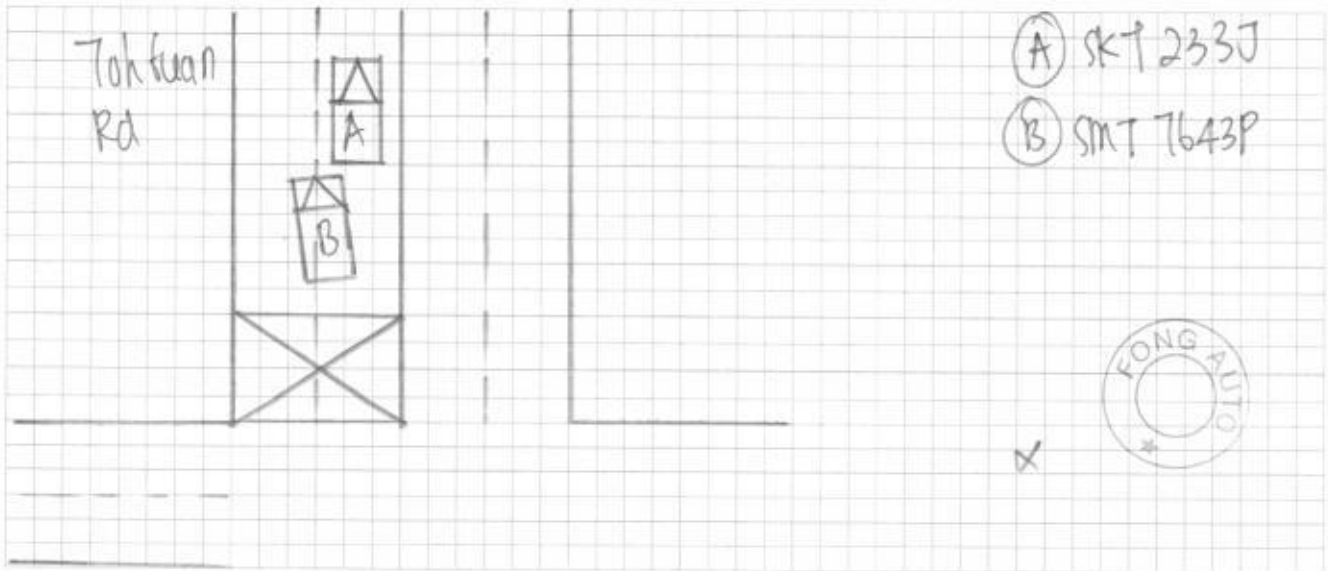


Policyholder's Signature
Date & Time:

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

On 04-01-2021 at about 11:50hrs, I was travelling along Toh Guan Rd. Upon reaching the traffic junction, I slow down & stop. Once the traffic turn green, and I was about to move. All of a sudden I felt an impact from the rear. Then I realised a vehicle SMT 7643P had collided onto my rear.

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.:

Date of Accident : 04.01.2021 Accident Time: 11:50hrs (24-HR-Format)
 Accident Place : Toh Guan Rd
 Vehicle No. (Car Plate No.) : SKT233J Make/Model: Volkswagen New Golf 1.4 TSI 117
 Insurance Company : NTUC Policy No: 5114376990
 Owner or Company Name / IC No. : Fong Auto (534061599A)
 Owner or Company Contact No. : 97736647 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Tan Guo Fong (S95030578)
 DRIVER'S Date Of Birth : 25.01.1995 DRIVER'S License Pass Date 29.05.2014
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : 753 Pasir Ris St 71 #10-118 S(510753)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)
 Email Address : tangguofong@gmail.com
 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): Driver only
 Was there any video Captured by car camera: YES ☒ NO ☐
 Exact purpose for which vehicle was being used at the time of accident: Private use ☐ Work purpose ☒
 Any Injury (If YES, Pls state): No (Neck & Back Pain)

Other Party Driver's Particular (if any)

Vehicle No: SMT 7643P (A16)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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: 5114376890

Cover : drive CLASSIC

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKT233J |
| Chassis Number | : WVWZZZ1KZAW012829 |
| 2. Name of Policyholder | : FONG AUTO |
| 3. Effective Date of Insurance | : 27 Nov 2019 |
| 4. Expiry Date of Insurance | : 26 Nov 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	: N/A
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	: TAN GUO FONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SPEEDO CAPITAL 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 : SPEEDO CAPITAL PTE. LTD. (00000615301)

Date of Issue : 26 Nov 2019 10:24 hrs

Co. Regn. No.: 201305517W
SPEEDO CAPITAL PTE LTD
33 Ubi Avenue 3 #01-75 Vertex
Singapore 408868
Tel: 6684 7757 Fax: 6684 7737
(Finance & Insurance Dept)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	159A
Vehicle Details	
Vehicle No.:	SKT233J
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	VOLKSWAGEN
Vehicle Model:	NEW GOLF 1.4 TSI AT 5K14Q5
Primary Colour:	Blue
Manufacturing Year:	2009
Engine No.:	CAV094696
Chassis No.:	WVWZZZ1KZAW012829
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$25,506.00
Original Registration Date:	08 Oct 2009
First Registration Date:	08 Oct 2009
Transfer Count:	4
Actual ARF Paid:	\$25,506.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	30 Apr 2029
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$26,175.00
COE Rebate Amount:	\$21,594.00
Total Rebate Amount:	\$21,594.00

The information contained herein is correct as at 04 Jan 2021

OK

Claim Handling

Accident MT/1116288

Policy No.	S114376890	Vehicle No.	SKT233J	GST Registration No.	
Certificate No.				Policyholder NRIC	S3406159A
Policyholder Name	FONG AUTO	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	97736647	Special Remark		eCode	No
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	Yes
NCD Protection	No				

Accident Details

Report Date	06/01/2021 13:08	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to
Date of Accident	04/01/2021	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOH GUAN ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	06/01/2021 13:11:02 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 753 #10-118	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 5107
Address 4		Address Type	Singapore address	Post Code	510753
Unit No.	10-118	Related Policy Number	S114376890		

O1 Driver Info

Driver Name	TAN GUO FONG	Driver Type	Main Driver	Driver DOB	25/01/1995
Unnamed driver Name		Driver NRIC	S9503057B	Driving Experience	6
Register Date of Driver License	29/05/2014	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	97736647	Contact No.(Office)	0	Address 3	SINGAPORE 5107
Address 1	BLK 753	Address 2	PASIR RIS STREET 71	Post Code	510753
Address 4		Address Type	Singapore address		
Unit No.	#10-118			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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 OD-MX New

Claim Type *	OD-MX	Insured Name	FONG AUTO	Insured NRIC			
Contact No.(Mobile)	97736647	Contact No. (Home)		Contact No. (Office)			
Email Address		Vehicle Number	SKT233J	TP Vehicle Number			
Claim Description	SKT233J / SMT7643P ON 4 Jan 2021				Name of Preferred Workshop		
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received		
Preferred Workshop No.		Preferred Workshop, Name unknown		Claim Close Date	06/01/2021 13:13	Date Received	
Finalisation	Yes	Repair Option		Workshop Repairer	ROSILINDA	Total Loss but Repaired	
Date Registered							
Report Taken By							
<input type="checkbox"/> Print AK letter							
<input type="button" value="Save"/> <input type="button" value="Submit"/>							

Attachment

Accident No. MT/1116288 Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

06/01/2021 00:00

Path *

Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	SAS		Normal	SAS 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:13	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:12	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:12	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:12	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:12	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:12	Photos		Normal	Photos 2021-1-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Jan 2021 13:12	Photos		Normal	Photos 2021-1-6

Video List

Uploaded By/Date	Folder Date	File Name		Source
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