

NATIONAL Assessment Centre Services

Date In: 16/03/21	Job description	Date & Time Completed	Done by
Ref No: NM/INC21003452/13	SAS e-filing		
Veh No: FBQ15117	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/03/21 1425	i-Motor Claim Form 16/03 MT/1124636-001		
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: (Kim ICE AT (BBAL)	Tel:	Fax:
TP Particulars:	Veh No:	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

NA2102 230	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bil
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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 (Non INC) against INC \$20		
	9) N12: Idac 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 16/03/2021 18:10 (SGT)
Date of Accident 07/03/2021 14:25 (SGT)
Exact Location of Accident 815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information BBDC CIRCUIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1511Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BUKIT BATOK DRIVING CENTRE LTD
Company Reg No 1XXXXX155R
Email Address tanboonkiat@bbdc.sg
Mobile Phone No (Phone) +65-65943515
Alternative Phone No (Office) +65-65943515

VEHICLE PARTICULARS

Manufacturer Honda
Model Cbf190wh
Variant -
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 - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5114136261-01
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD RAIMI BIN RAHIMAN
NRIC No SXXXX863E
Date Of Birth 13/06/1986
Occupation Indoor

Date Of Driving Pass	07/03/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	tanboonkiat@bbdc.sg
Address	BLK 36 TEBAN GARDENS ROAD
Address complement	#05-289
Postcode	600336
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
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?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD RAIMI BIN RAHIMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT SHOULDER
Injured person in which vehicle?	FBQ1511Y
Were seat belts worn?	No
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.
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 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.

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.

BUKIT BATOK DRIVING CENTRE LTD
805 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1222 FAX: 6569 0777

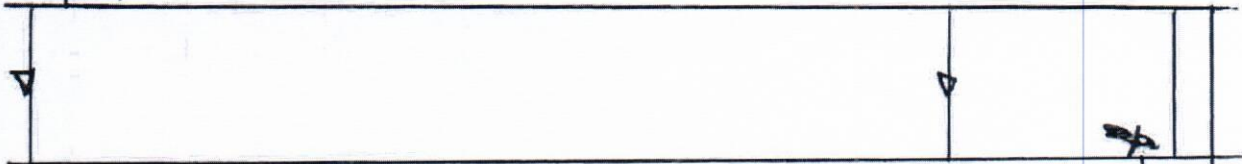
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

Start point



Emergency stop area (BBDC)

FBQ1511Y
(A)

Describe Circumstances of the Accident

On 7/3/2021, Session 4, I was having my class 2B practical training, subject 4.02, after my practice on the narrow plank and slalom pilot course, I proceed to emergency stop course.

At about 14:30 hrs, when I practice the emergency stop, I lost control of my bike and fall from the bike due to I ride over the speed, and applied harsh brake. I injured my left shoulder.

Declaration

We declare the foregoing particulars are true in every respect.

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

16/03/21

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
7/3/2021	1425	BBDC Circuit

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	FBQ 1571 Y
Name of Policyholder	Bukit Batok Driving Centre Ltd
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	198801155R
Address	815 Bukit Batok West Avenue 5 (659085)
Address	
Contact Number	Tel: 65943515 Hp:
Email Address (compulsory)	tanboonhiat@bbdc.sg

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda CBF190 WH
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private Hire <input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	NTUC
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	5114136261-01-000043

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	MOHAMMAD RAHIM BIN RAHIMAN
NRIC/ FIN/ Passport	S8618863E
Date of Birth	13-06-1986
Driving Pass Date	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp:
Address	Blk 36 TEBAN GARDENS ROAD
Address	#05-289 5 (600036)
Email Address (compulsory)	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	Learner Rider
No. of Passenger in vehicle (including Driver)	(including Driver)

Please state Passenger Names:	Name:	Gender:
	Name:	Gender:
	Name:	Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes Ambulance (Yes/ No)
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input checked="" type="radio"/> No <input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes against whom?	

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number _____
Make/ Model/ Others _____
Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle
Name of Driver _____
NRIC/ FIN/ Passport _____
Contact Number _____

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number _____
Make/ Model/ Others _____
Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle
Name of Driver _____
NRIC/ FIN/ Passport _____
Contact Number _____

DETAILS OF WITNESS

Name _____
Phone / Email Address _____

DETAILS OF INJURED PERSON 1

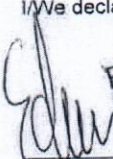
Name _____
Contact Number _____
Injuries Sustained _____
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☐ No
Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

DETAILS OF INJURED PERSON 2


Name _____
Contact Number _____
Injuries Sustained _____
If Vehicle Occupants, state in which vehicle?
Were Seat Belts Worn? ☐ Yes ☐ No
Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

Declaration

I/We declare that the above particulars and information provided above are true in every aspect.


Signature of Policy Holder
(Company Chop if applicable)

Date & Time


Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

BUKIT BATOK DRIVING CENTRE LTD
815 BUKIT BATOK WEST AVENUE 3
SINGAPORE 659085
TEL: 6561 1233 FAX: 6569 0777

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 : 5114136261-01-000043

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **FBQ1511Y**
 Chassis Number : LWBMC4691L1600360
 2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
 3. Effective Date of Insurance : 01 Jan 2021
 4. Expiry Date of Insurance : 31 Dec 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
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 : BUKIT BATOK DRIVING CENTRE (00000662435)
 Date of Issue : 21 Dec 2020 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

3/16/2021

Claim Handling(accident reporting Claim Task 001 OD-MX)

Claim Handling

Accident MT/1124636

Policy No.	5114136261-01	Vehicle No.	FBQ1511Y	GST Registration No.	M200805321
Certificate No.	5114136261-01-000043			Policyholder NRIC	198801155R
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD	Cover Type	Comprehensive	Loading	0
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)	65943515	Contact No.(Home)	0
Contact No.(Mobile)	0	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	16/03/2021 18:17	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/03/2021	Time of Accident hh:mm	14:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659085
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136654-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/06/1986
Unnamed driver Name	MOHAMMAD RAIMI BIN RAHIM/	Driver NRIC	S8618863E	Driving Experience	0
Register Date of Driver License	07/03/2021	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE 600036
Address 1	BLK 36	Address 2	TEBAN GARDENS ROAD	Post Code	600036
Address 4		Address Type	Singapore address		
Unit No.	#05-289			Driver Insurer Company	
Does he own a Singapore Registered car?	No	Driver Vehicle No.			

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	BUKIT BATOK DRIVING CENTRE	Insured NRIC	198801155R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65943512
Email Address	TANCHOONGMENG@BBDC.SG	OI Vehicle Number	FBQ1511Y	TP Vehicle Number	
Claim Description	FBQ1511Y ON 7 Mar 2021			Name of Preferred Workshop	KIM KEAT
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	16/03/2021 00:00
Date Registered	16/03/2021 18:22	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/1124636	Claim No.	001			
Last Doc. Received	Yes No	Upload Date	16/03/2021 00:00			
Path *		Category *	Confidential	Urgency *	Description	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

Attachment List

https://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:21	SAS		Normal	SAS 2021-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:21	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:21	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:21	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:21	Photos		Normal	Photos 2021-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Mar 2021 18:21	Photos		Normal	Photos 2021-3-16	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						