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| TP Insurer: | Assessment/Survey Repo | rl | |
| | Ass't Report by Fax / Ha | 935 M | |
| Profested Wksp / INC Assign Wksp / QW: (| THE WASHINGTON | | ax: |
| TP Particulius: Veh No: SAF |) 1751H INC | C()/Non-INC() | ax: |
| | 11311(1 | Tel: | · , |
| Policy No: () Period | 1: (|) Cover Type: (| |
| Confirmed by: (| Date: | Time: | |
| Insured/Driver Liability: (%) [Note | c-Est. Status (WO): N:"0 |)-20%; P: 21-79%. P: 80-1 | 00%7 |
| Total of Registration: () War | ranty: YES ()/NO(|) | |
| Excess: (\$) Loading: \$1,000 (| | | |
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| 1) Apply for Transfort Allowance ()/ Courte | sy Car () | THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O | in a triguidad. |
| 2) QC Check / Post Repair Inspection | .(•). | . '* | 100000000000000000000000000000000000000 |
| Upload Resurvey Photo [Repair Cost > \$3000] | () ::: | | 7 |
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| vor/Owner: | 3) TF : Towing F | | |
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| The communities of the community of the | で記憶性 ・NII: DV / Colle | of Excess Coordination 35 | |
| | TP (N11): TP (1 9) N12: Idao Mobil | Nan INC) against INC 520 | • • |
| /3: | Invulor dated | . Fee Charged | MARY FAIR |
| | Invoice dated | Fae Charged | HARIAN |

SN0920CM000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/12/2020 16:01 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (22/12/2020 16:01 (SGT))



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 witholding 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.

- Any false reporting may be referred to the Police for Investigation.
 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 22/12/2020 16:01 (SGT) Date of Accident 22/12/2020 12:25 (SGT) Exact Location of Accident 8 - 12 Kallang Ave, Singapore 339509 Additional Location Information APERIA MALL CARPARK LOT 49 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA41J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG CHENG MUI NRIC No SXXXXX019C Email Address DAMIEN-YEO1994@HOTMAIL.COM Mobile Phone No (Phone) +65-92358560 Alternative Phone No +65-92358560

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5073218920-05 Cover Note Number

DRIVER

ALETHEA YEO HUI YIN NRIC No SXXXX791J Date Of Birth 30/07/1999 Occupation Indoor

| 200 200200 0 | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Date Of Driving Pass | 13/10/2018 |
| Driving experience | 2 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96413791 |
| Alt. Phone Number | <u>.</u> |
| Email Address | DAMIEN-YEO1994@HOTMAIL.COM |
| Address | BLK 634 HOUGANG AVE 8 #10-41 |
| Address complement | |
| Postcode | 530634 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | |
| 수많은 얼마가지 못 되었다면서 육시에 하면 없었다고 하다면 하나 말을 먹는데 하는데 얼마를 내려가지 않는데 살아왔다면 하는데 그는 것이 없는데 그 것이 없었다. | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | |
| Insurance Company of Other Vehicle Owned by Driver | |
| insurance company of Other Vehicle Owned by Driver | Pi |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | Hit and run / Vandalism / Damaged whilst parked |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | bly . |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | ž. |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 0 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| DETAILS OF POLICE ACTION | |
| Was the assidant reported to the police? | Me. |
| Was the accident reported to the police? | No |
| 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? | Vas |
| 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 | R VEHICLE PROPERTY 1 |
| Vehicle Registration Number | CI D1751U |
| | SLP1751H |
| Vehicle Manufacturer | N=0 |
| Vehicle Model | 2 9 0 |
| Vehicle Variant | (H) |
| Vehicle Colour | 5-0. |
| Vehicle Category | Private car |
| Name of Driver | 651 |
| Contact Number | |
| Address | • |
| Address complement | |
| Postcode | 947 |
| Insurance Company Name | 720 |

Insurance Company Name

| Nature Of Damage | 23 | |
|-----------------------------------------|----|--|
| Details of property damaged in accident | 20 | |
| No. Of Passenger (Including Driver) | 2 | |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Personnel

Sketch Plan

Apersa Mall Carpark

As SLA 415

B = SLP 1751H

| | Mu | CON | WAS | parked | in | M | lot at | Ané | via M | nlı | (avosv | t 1/ | n+ 4 | 19 |
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We declare the foregoing particulars are true in every respect.

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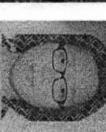
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 13 Oct 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



5297764



30-07-1999 Date of birth CHINESE

TEPHEN OF SINGAPORE DRIVING

Licanua Mighber

S9923791J

NEW N

ALETHEA YEO HUI YIN

Burth Date: 30 Jul 1999 Issue Date: 13 Oct 2018

002856635B

MENTITY CARD NO. S9923791J JUBLIC OF SINGAPORE

David

MRC No. S9923791J

ALETHEA YEO HUI YIN

超

T S



SINGAPORE Country/Place of birth

SINGAPORE 530634

#10-41

APT BLK 634 HOUGANG AVENUE 8

Date of Issue 17-04-2014

Continue

| eBao Tech | | | | | | | | | | Genera | alClaim |
|------------------------|----------|-------------------|-----------------------|----------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | • Change | Language | · Char | ge Password | • Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | |
| Notice of Loss | Policy 1 | No. | | | | Date o | of Accident | | 22/12/2020 | 15:51 | |
| | Vehicle | No.(For Motor) | SLA41J | | | Certifi | cate Number | | | | |
| | | | | | [| Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5073218920- 05 | | ANG CHENG MUI | S6819019C | GPC | drivo CLASSIC | SLA41J | SLA41J | 13/08/2020 | 12/08/2021 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

| ACCIDENT DETAILS | | | | | | |
|------------------|-----|--------------------|------------|--|--|--|
| 22 | 112 | 2020 | (DD/MM/YY) | | | |
| 12: | 27 | | (HH:MM) | | | |
| Aperi | a n | ull Carpark Lot 49 | | | | |
| | 12: | 12:27 | | | | |

| | 新記 1988年 | DETAILS OF | VEHICLE | 温度的大学 | 2. 美国大学 | 16. 2000年到 |
|-------------------------------------------------------|-----------------|----------------|----------|-----------------------------------|----------|------------|
| Vehicle registration number | SLA 41 | 3 | | | | |
| Vehicle make and model | Toyeta | Horrier | | | | |
| Type of vehicle | Saloon Lorry | MPV 🗆 Bus 🗅 | | □ Van orcycle □ | Others:_ | Suv |
| Vehicle category | Private & | Comm | ercial 🗆 | Motorcy | cle 🗆 | |
| Purpose of using at said time | | | | | | |
| Are you claiming under your own insurance company? | Yes Third part | No □ | | ease select: ng only \square | | |

| 销展。 2017年2月11日 | INSURANCE IN | FORMATION | 达克里尼州 公主的 经 |
|-----------------------|-----------------|----------------------------|-------------|
| Insurance company | Ntue | | |
| Policy number | | | |
| Type of policy | Comprehensive 🗷 | Third party fire & theft □ | TP only |

| Walk banches and other | INSURED / POLICY HOLDER | | |
|------------------------------|---------------------------------------------|--------|----------|
| Name | Ang cheng Mui | Male □ | Female 2 |
| NRIC / Fin / Passport number | 5 6817017 C | | |
| Contact | 9235 8560 | | |
| Address | BIK 634 HOUSING AVE 8 #10-41 \$ (530634) | | |

| DRIVER | SAME AS INSURED ABOVE (SKI | P TO D.O.B) | 2000年 |
|------------------------------|---------------------------------|-------------|----------|
| Name | Alethea Yeo Hui Yin | Male □ | Female 2 |
| NRIC / Fin / Passport number | 599237910 | | |
| Contact | 9641 3791 | | |
| Address | BIK 634 Howary Are 8 #10-41 | 5(530634) | |
| Email address | damien - yeo 1994 Ghotmail. 100 | | |
| Date of birth | 30/7/1999 | | |
| Occupation | Indoor ✓ Outdoor □ | | |
| Driving date pass | 13 04 2018 | | |

| AND SERVICE AND ADDRESS OF THE SERVICE AND ADDRE | | THE RESERVE THE PERSON NAMED IN | OF THE ACCIDENT | 当实现的知识的 |
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| Was driver an employee of | Yes 🗆 | No 🗷 | | 2 11 |
| the insured's company? | | | driver and insured: | Doughter |
| Accident captured by camera? | | No 🗆 | | |
| Weather condition | Clear | Raining 🗆 | Others: | |
| Road surface | Dry | Wet □ | | |
| No of passenger | 0 | | | (Inclusive of driver |
| | | PASSENGE | R 1 | |
| Name | | | | |
| Gender | Male 🗆 | Female 🗆 | | |
| | S. A. S. S. O. | PASSENGE | R 2 | |
| Name | | | | |
| Gender | Male 🗆 | Female 🗆 | | |
| | DEN MAGRICALE | PASSENGE | | |
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| Was anybody injured? | Yes 🗆 | No 🗷 | | |
| Was other vehicle damaged? | Yes 🗷 | No 🗆 | | |
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| | | OF POLICE STA | THE RESIDENCE OF THE PERSON NAMED IN | |
| Reported to police? | Yes 🗆 | No If ye | s, please state which | en police station. |
| Police station name | L | | | |
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| Name | | | | |
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| | THIRD PARTY VEHICLE 1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Vehicle registration number | SLP 1751H |
| Vehicle make model | Mazda 2 |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
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| NEW YORK STEEL BOOK AND ASSESSED. | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | THE PART VEHICLES |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
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| Contact | |
| Many and Dimensional Property of the William Co. | |
| 國際的記憶計 例但於由10回及問題的經 | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
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| A STATE OF THE PARTY OF THE PAR | |
| | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| Vehicle make model | |
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| Contact | |
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| PARTY SERVICE SERVICES | THIRD PARTY VEHICLE 6 |
| Vehicle registration number | |
| Vehicle make model | |
| Vame | |
| NRIC / Fin / Passport number | |
| Contact | |
| Contact | |
| | TURN DARTY VEHICLE 7 |
| | THIRD PARTY VEHICLE 7 |
| /ehicle registration number | |
| /ehicle make model | |
| Name | |

NRIC / Fin / Passport number

Contact

| 在多 色的特殊的人。 | 经过来的 | INJURED PERSON 1 | 以此一个规则是他共享的。此类是非常的对象 |
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| Name | T | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | / |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | 100000000000000000000000000000000000000 | 0.070.00 | |
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| Injuries sustained | | | |
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| Was injured conveyed to | Yes 🗆 | No 🗆 | |
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| nospital by ambulancer | 1 | | / |
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| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 📗 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 📗 | |
| hospital by ambulance? | | X | |
| | | | Name and Address of the Control of t |
| | | | |
| | | INJURED PERSON 4 | |
| Name | | INJURED PERSON 4 | |
| TO TOTAL STREET, STREE | | INJURED PERSON 4 | |
| Injuries sustained | | INJURED PERSON 4 | |
| Injuries sustained Which vehicle person in? | Yes 🗆 | No 🗆 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? | Yes 🗆 | | |
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| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? | Yes | No D No D INJURED PERSON 5 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? | Yes 🗆 | No D INJURED PERSON 5 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes | No D No D INJURED PERSON 5 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes 🗆 | No D INJURED PERSON 5 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes 🗆 | No INJURED PERSON 5 No No No O | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? | Yes 🗆 | No D INJURED PERSON 5 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name | Yes 🗆 | No INJURED PERSON 5 No No No O | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained | Yes 🗆 | No INJURED PERSON 5 No No No O | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? | Yes - Yes - | No INJURED PERSON 5 No INJURED PERSON 6 | |
| Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Name Injuries sustained Which vehicle person in? Were seat belts worn? | Yes 🗆 | No INJURED PERSON 5 No No No O | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? | Yes - Yes - | No INJURED PERSON 5 No INJURED PERSON 6 | |