

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 27/04/2022 18:39 (SGT)
Date of Accident 27/04/2022 06:50 (SGT)
Exact Location of Accident 20 Benoi Cres, Singapore 629983
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB528K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UAS ENGINEERING PTE LTD
Company Reg No 2XXXXX177W
Email Address MAMIDIPELLIRAJU@GMAIL.COM
Mobile Phone No (Phone) +65-90250254
Alternative Phone No (Office) +65-63910024

VEHICLE PARTICULARS

Manufacturer Nissan
Model Cabstar
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company Great American Insurance Company
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MOMVC000009059-00-000
Cover Note Number -

DRIVER

Name of Driver SELVAKUMAR KATHIRAVAN
Passport No/FIN GXXXX199X

| | |
|--|--|
| Date Of Birth | 12/03/1994 |
| Occupation | Outdoor |
| Date Of Driving Pass | 22/02/2021 |
| Driving experience | 1 YEAR AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-80413376 |
| Alt. Phone Number | - |
| Email Address | COMKATHIRAVAN@GMAIL.COM |
| Address | 18 ROBERTS LANE #03-01 GOODLAND BUILDING |
| Address complement | - |
| Postcode | 218297 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 on collision |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 11 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------------------|
| Name | ANBAZHAGAN ANBARASAN |
| Gender | Male |

PASSENGER 2

| | |
|--------------|-------------------------|
| Name | GUNASEKARAN VETRISILVAN |
| Gender | Male |

PASSENGER 3

| | |
|--------------|---------------------|
| Name | ADABALA VENKATA RAO |
| Gender | Male |

PASSENGER 4

| | |
|--------------|-------------------|
| Name | RENGAN PALANISAMY |
| Gender | Male |

PASSENGER 5

| | |
|--------------|-------------------------|
| Name | GOVINDARASU NEETHIPATHI |
| Gender | Male |

PASSENGER 6

| | |
|--------------|----------------------|
| Name | YADAV VIRENDRA KUMAR |
| Gender | Male |

PASSENGER 7

| | |
|--------------|-------------------|
| Name | YADAV PAWAN KUMAR |
| Gender | Male |

PASSENGER 8

| | |
|------------|--------------------|
| Name | VAKADA APPALA RAJU |
|------------|--------------------|

| | |
|--------------|----------------------------|
| Gender | Male |
| PASSENGER 9 | |
| Name | NARAVA VENKATA RAMESH |
| Gender | Male |
| PASSENGER 10 | |
| Name | THOMAS RATHINAM SALETH RAJ |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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 | PC2738L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | China Taiping Insurance (Singapore) Pte. Ltd. |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | ANBAZHAGAN ANBARASAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|--------------------------|
| Name of injured person | GUNASEKARAN VETRISSELVAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---|---------------------|
| Name of injured person | ADABALA VENKATA RAO |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 4

| | |
|---|-------------------|
| Name of injured person | RENGAN PALANISAMY |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 5

| | |
|---|-------------------------|
| Name of injured person | GOVINDARASU NEETHIPATHI |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 6

| | |
|---|----------------------|
| Name of injured person | YADAV VIRENDRA KUMAR |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 7

| | |
|---|-------------------|
| Name of injured person | YADAV PAWAN KUMAR |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 8

| | |
|---|--------------------|
| Name of injured person | VAKADA APPALA RAJU |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 9

| | |
|---|-----------------------|
| Name of injured person | NARAVA VENKATA RAMESH |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 10

| | |
|---|----------------------------|
| Name of injured person | THOMAS RATHINAM SALETH RAJ |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 11

| | |
|---|-----------------------|
| Name of injured person | SELVAKUMAR KATHIRAVAN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | GBB528K |
| 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.
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.
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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' 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

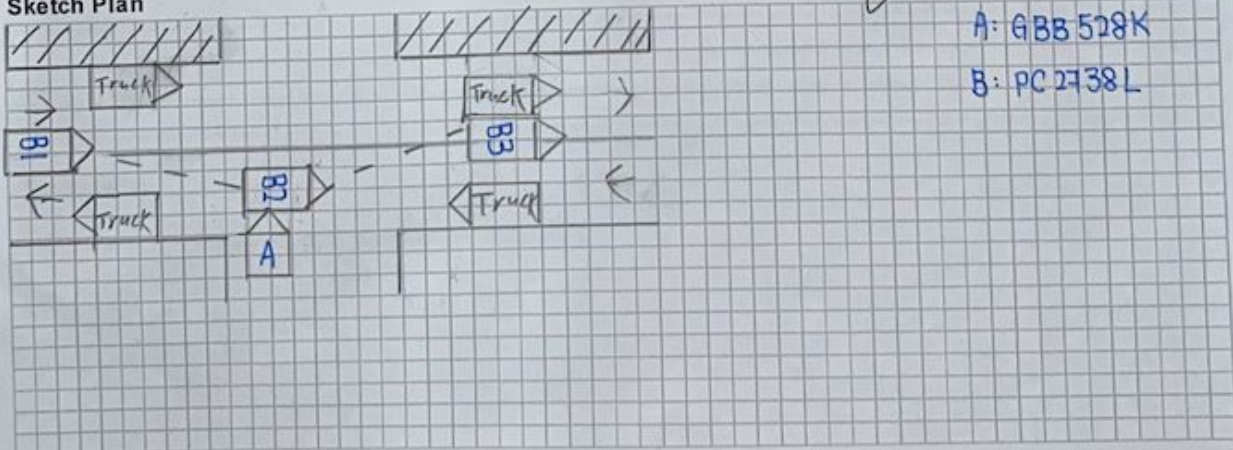
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to the police report (T/20220427/7024)

Declaration

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

Witnessed by Reporting Centre Personnel



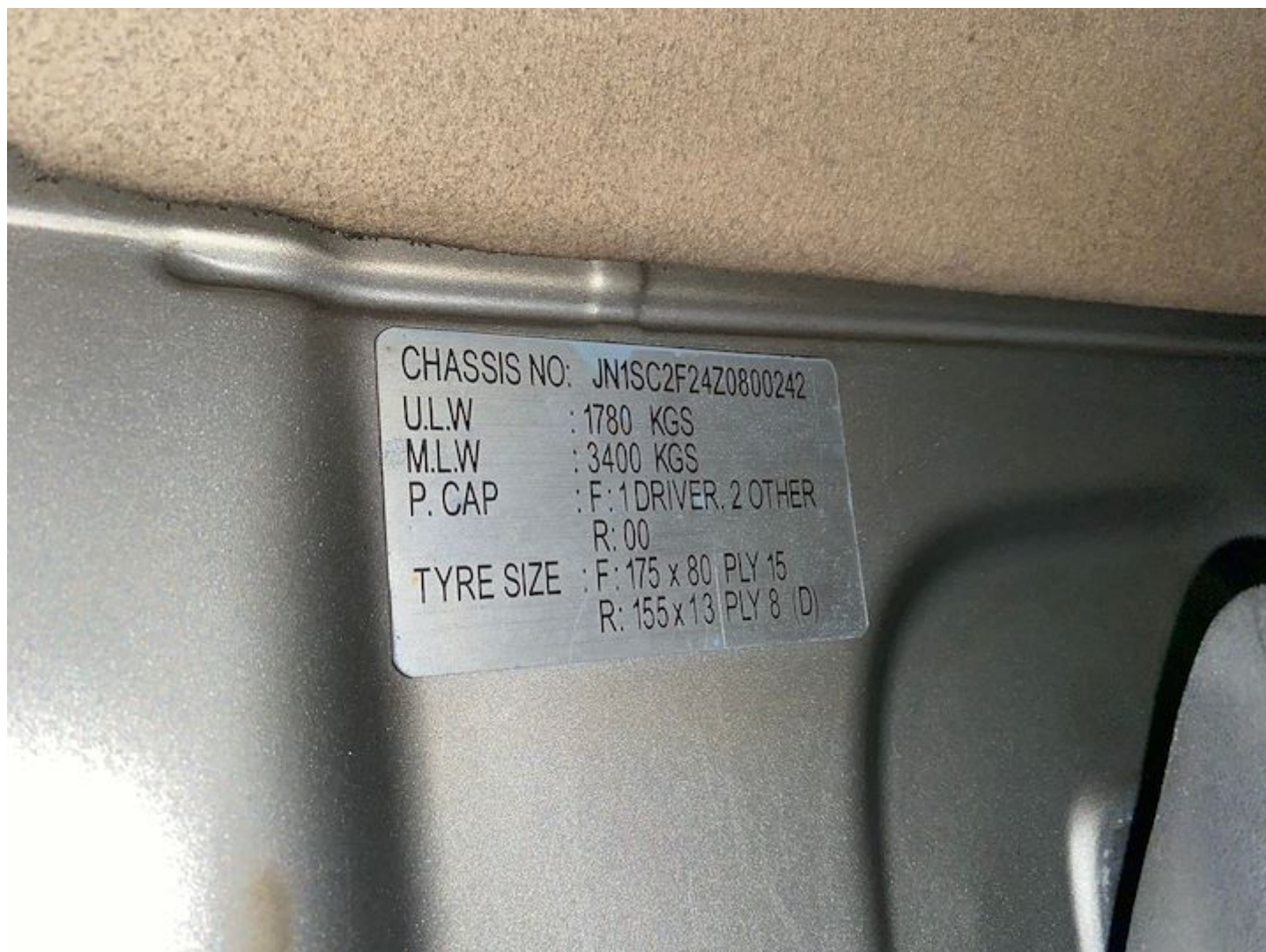


















**SINGAPORE
POLICE FORCE**



T/20220427/7024

1 of 7

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220427/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|----------------------------|--------------------|
| Date/Time Report Made: 27/04/2022 13:43 | | | Vide Report No.: | | Station Diary No.: |
| Informant's Particulars | | | | | |
| Name of Informant: MAMIDIPELLI RAJU | | | Address: | | |
| ID Type / ID No.: FIN NO / G2161759N | | | Contact No.: Home/Office: Mobile: 87301301 | | |
| Nationality: INDIAN | | | Email: MAMIDIPELLIRAJU@GMAIL.COM | | |
| Sex: Male | Age: 35 | Date of Birth: 05/05/1986 | Type of Informant: Company Manager | | |
| Race: Indian | | | Language: English | Institution / School Name: | |
| Occupation: Construction Manager | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------|------------------------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/04/2022 06:50 | Type of Location: Factory Exit |
| Location: BENOI CRESCENT | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|-----------------------|------|-------|-------|----------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GBB528K | Lorry | | | | Seriously Damaged | 10 |
| PC2738L | Bus/Coach/Mi nibus | | | | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|-----------------------------------|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | ANBAZHAGAN ANBARASAN | ID No. | G8485876K |
| Related Vehicle | GBB528K (Lorry) | Contact No. | 89120686 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Driver | | | |
| Name | SELAKUMAR KATHIRAVAN | ID No. | G2541199X |
| Related Vehicle | GBB528K (Lorry) | Contact No. | 80413376 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 2B,3 Date of Expiry: NIL |
| Date | 27/04/2022 | Date | 27/04/2022 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Passenger | | | |
| Name | GUNASEKARAN VETRISELVAN | ID No. | G8714298T |
| Related Vehicle | GBB528K (Lorry) | Contact No. | 83858990 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|-----------|--|
| Passenger | | | |
| Name | ADABALA VENKATA RAO | | ID No. G2670362Q |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 82858251 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | RENGAN PALANISAMY | | ID No. G7952275P |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 90385168 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | GOVINDARASU NEETHIPATHI | | ID No. G7957496T |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 90382870 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | YADAV VIRENDRA KUMAR | | ID No. G6731920L |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 85569443 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT

| Company Manager | | | |
|-----------------------------------|------------------|-----------------------------------|-----------------------------------|
| Name | MAMIDIPELLI RAJU | ID No. | G2161759N |
| Related Vehicle | NIL | Contact No. | 87301301 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

My driver stop my company Vehicle (GBB528K) Stationary at the exit of my Factory Dormitory, The passenger had just loaded up the lorry and we are still not moving off.

Then a bus whom was trying to avoid those stationary vehicle along Benoi road, traveling against the road direction collided onto the front of my lorry.

The driver did stop and talk to my driver, he mention to call his boss Michael (9088 4418) for insurance claim against them, the bus has video cam recorded and was told it was submitted to their insurance company.

My driver SelvaKumar Kathiravan and 10 passenger suffer slight injury due to the impact caused.

My Driver visited Wong Family Clinic & Surgery and was given 3 days MC.

Driver

SelvaKumar Kathiravan, Fin G2541199X

The 10 passenger involved were,

- 1) Narava Venkata Ramesh, Fin G2336916N
- 2) Yadav Pawan Kumar, Fin G6732401W
- 3) Yadav Virendra Kumar, Fin G6731920L
- 4) Vakada Appala Raju, Fin G2839523Q
- 5) Rengan Palanisamy, Fin G7952275P
- 6) Adabala Venkata Rao, Fin G2670362Q
- 7) Gunasekaran Vetrisevelan, Fin G8714298T
- 8) Anbazhagan Anbarasan, Fin G8485876K
- 9) Govindarasu Neethipathi, G7957496T
- 10) Thomas Rathinam Saleth Raj, Fin G2582159P



**SINGAPORE
POLICE FORCE**



T/20220427/7024

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220427/7024

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------------|-----------|--|
| Passenger | | | |
| Name | YADAV PAWAN KUMAR | | ID No. G6732401W |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 84142401 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | VAKADA APPALA RAJU | | ID No. G2839523Q |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 98674673 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | NARAVA VENKATA RAMESH | | ID No. G2336916N |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 98661431 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |
| Passenger | | | |
| Name | THOMAS RATHINAM SALETH RAJ | | ID No. G2582159P |
| Related Vehicle | GBB528K (Lorry) | | Contact No. 84491748 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: ,2B,3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | Slight |



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
27/04/2022 13:43

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220427/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220427/7024

CONTINUATION OF REPORT