

range 2 days

10/00/0000

ASS: REC: BY:

REF: CS3/EG17022106 / W621

Special Instructions:

Surveyor:

Wilson.

ASSIGNMENT (Office)

From (Person):

Siti Athikah

of EGI

Date/Time 20/11/17 @ 3:30pm

Estimated Cost:

Bill to:

OD/TP WS/TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SKW6353R

Insured:

SJT 2609 H

at Workshop m/s

N-SI Automotive

Tel:

67410510

of 2 Kaki Bk + Ave 2 # 01-17 Autohub, 417921

Policy No:

Claim No:

DSM PC1702688/SA

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A:

18/11/2017

CA / REV / REP: / REV 24 HRS

Imp'

21/11/2017

H.O.D. Endorsement:

Date/Time

9:09pm @ 20/11/17

Person Contacted:

Melody

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKW6353R - CS3/III16014834/Sh 3s2-D.O.A: 10/05/2017

SJT 2609 H - 003/MSG17022058/Urb-D.O.A: 18/11/2017

Dismantle Part: 22.11.2017

After repair: 27.11.2017

PPS

REF:

ASSIGNMENT

From

Date

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No SKW 6353 R

at Workshop m/s NSI

of 2 kaka, Bukit A, 2

Insured

Policy No

Claims No

Sum Insured

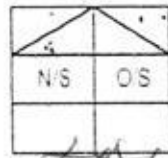
Excess

(Client's Record)

Make of Veh

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted

Veh No: SKW 6353 R Regn: 9/11/2015

Type: M/Car / Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Nissan Amax cc 1498

Colour: Black AC Insured / Std / NI / NA

Sp Reading: 139315 T-Rate: Insured / Std / NI / NA

Eng No

C/No: MNT BRANITZ 000 S302

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modr: Nil / S/Rim / STD A/Rim or

Tyre Size F: 195/60 R15

R: 185/65 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or KAPSEN

Front

Rear

R/Bal: 3 mm R/Bal: 3 mm

L/Bal: 3 mm L/Bal: 3 mm

D.O.A: 18/1/2017 D.O.I: 21/1/2017

Survey held at: As Above @ 2:18pm

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Range \$4900 - \$5900

6 Days Repair

16/4 Submit PRS report.

RECEIVED 17 APR 2018

Date/Time File Pass to

☐

: Preli. Report

☐

: Final Report

Date/Time File Return to

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee

Transportation

Value of Repairs

Excess

Log Sheet

Notes

Signature

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech Insp: \$

☐

Weekend: \$

Report Format: PRS

Lump Sum / I.B.I: \$

50
50150
150

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modl)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-Inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

--	--	--	--

Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

ERGO INSURANCE PTE LTD

Ref : CS3/EG17022106/Wb

5 TEMASEK BOULEVARD
#04-01 SUNTEC TOWER FIVE
SINGAPORE 038985

Date : 20-11-2017



Code : EGI

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SJT 2609H	Veh. Inspected	SKW 6353R
Policy No.		Coverage (\$)	0.00
Claim No.	DSMPC1702688/SA	Excess (\$)	0.00
Assign From	SITI A'THIKAH	Assign Date	20/11/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	18/11/2017	Inspection Date
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921	

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
--

Nivitha (LKK Auto)

From: Siti A Thikah AB Rahman <siti.rahman@ergo.com.sg>
Sent: Monday, 20 November, 2017 3:30 PM
To: Catherine Chong (LKK Auto) (admin-d@lkkauto.com)
Cc: Survey Report (ERGO Insurance Pte. Ltd.)
Subject: OI: SJT 2609H | TP: SKW 6353R | LKK | DOA: 18.11.2017 - PRS | OUR
REF:DSMPC1702688/SA
Attachments: SKW6353R.pdf; SKW6353R & SJT2609H - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION ... (477 KB); PRS FORM.pdf; SJT2609H - SAS.PDF; SKW3485M - SAS.PDF; SKW6353R - SAS.PDF

Dear Catherine,

With reference to the above matter.

We have rejected to their PRS list, please assist to conduct this survey request from N-51 Automotive Pte Ltd.

Attached are the necessary documents for your further actions (**Note: Reports not to be released to any Third Party**).

Note: To survey on without prejudice basis and inform the repairer in writing, that you are require to conduct a post-repair inspection before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Kindly acknowledge receipt of this email.

NOTE: Please assist to quote our ref as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

Thank you.

Warmest regards
Siti A'thikah
Claims Department
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9170
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

From: Chin Hui Xin [mailto:huixin@n51.com.sg]
Sent: Monday, 20 November, 2017 3:14 PM
To: ERGO Insurance Pte. Ltd. (Claims Department)
Subject: SKW6353R & SJT2609H

Dear Sir/Madam,

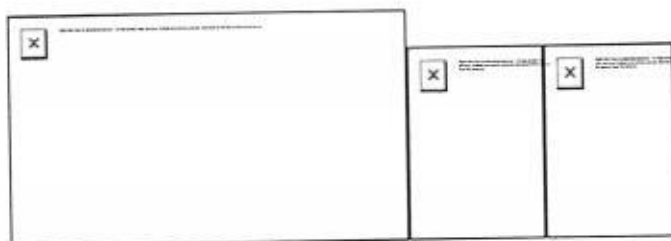
We refer to your list of motor surveyors proposed.

We do not agree to your list of motor surveyors.

Please see attached.

Thank you

Regards,
Melody Chin
N-51 Automotive Pte Ltd
Office : 6842 0051
Fax : 6741 0510
www.n51.com.sg



EMAIL DISCLAIMER

The information contained in this email communication is confidential. You should only read, disclose, re-transmit, copy, distribute, act in reliance on or commercialize the information if you are authorized to do so. If you are not the intended recipient of this email communication, please notify the sender by replying to the email and destroy any electronic or paper copy of this message.

Any views expressed in this email communication are those of the individual sender. ERGO Insurance Pte. Ltd. does not represent, warrant or guarantee that the integrity of this communication has been maintained or that the communication is free of errors, virus or interference.

ERGO Insurance Pte. Ltd. asserts copyright in respect to this email including any attachment. No part may be reproduced by any process or for any purpose without prior written permission.

ERGO

Date: 20.11.2017
Our Reference: SJT2609H/SA
Your Reference: SKW6353R

To: N-51 AUTOMOTIVE PTE LTD

Sent via Fax 6741 0510
or
Email

Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SKW 6353R
Insured's Vehicle: SJT 2609H
Date Of Accident: 18.11.2017

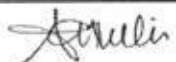
We acknowledge receipt of your request for PRS on: 20.11.2017

In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked *.

*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	LKK	LKK Auto Consultants Pte Ltd
JPk	JP Knights Pte Ltd	PS	Priority Services
		VAC	Vicom Ltd

<input checked="" type="checkbox"/>	Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
<input checked="" type="checkbox"/>	Your request for inspection does not have your client's GIA report, kindly forward a copy.
<input type="checkbox"/>	We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
<input type="checkbox"/>	Our Insured's driver has not reported the accident to us todate.
<input type="checkbox"/>	Others: _____

Prepared by:		Siti	6829 9170	claims@ergo.com.sg
Signature:				FAX : 6829 9247

Assessor use only:

Assignment Date: _____
Assignment Time: _____

Remarks:

Workshop use only:

Assessor attended workshop on:

Date: _____
Time: _____
Inspector: _____

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our Inspection is on a without admission to liability basis.

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 ability.
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 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	20/11/2017 10:30
Date Of Accident	18/11/2017 11:05
Exact Location Of Accident	AYE TOWARDS MCE BEFORE BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6353R
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440510
Vehicle Particulars	
Manufacturer	NISSAN
Model	ALMERA-1.5 4AT ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V11639/VPZ/R02
Cover Note Number	
Driver	
Name of Driver	TAN AIK KUANG, ERICH
NRIC No	S7726911H
Date Of Birth	16/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82333374
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 642 ANG MO KIO AVE 5. #09-3049
Postcode	560642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	4

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN

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	SJT2609H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHUA TIONG SENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW3485M
Vehicle Make/Model/Colour	

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name TAN AIK KUANG, ERICH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKW6353R

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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.



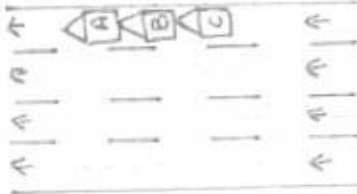
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:
Reporting Centre Personnel's Signature
Name: Sirina Aoun
NRIC/FIN No.: S1127157/2

Sketch Plan #2

SKETCH PLAN

AYE Toward MCE Before Buona Vista Exit.



A - SKW 6353R

B - SJT 2609H

C - SKW 3485M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along AYE Toward MCE on the 1 lane of a 4 lanes expressway. Somewhere before Buona Vista exit, vehicle ahead of me slowed down and stopped due to heavy traffic flow. As such I applied brake and stopped accordingly. Out sudden, vehicle B (SJT 2609H) came from the rear and collided directly into the rear portion my vehicle. After the accident, I alighted and realised that I was involved in a chain accident of 3 vehicle.

A - SKW 6353R

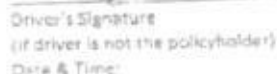
B - SJT 2609H

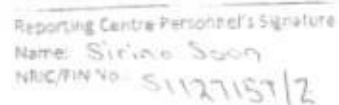
C - SKW 3485M

DECLARATION

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


Police Officer's Signature
Date & Time:


Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Sirino Soon
NRIC/PIN No: 51127157/2


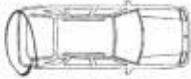
**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT			
ERGO INSURANCE PTE LTD		Ref:	CS3/EG17022106/Wbe2
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date:	18-04-2018
FIVE SINGAPORE 038985			
		Code:	EGI
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SJT 2609H	Veh. Inspected	SKW 6353R
Policy No.		Coverage (\$)	0.00
Claim No.	DSMPC1702688/SA	Excess (\$)	0.00
Assign From	SITI A' THIKAH	Assign Date	20/11/2017
2. Vehicle Particulars & Condition			
Make & Model	NISSAN ALMERA	c.c	1498
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	MNTBBAN17Z0005302	Colour	BLACK
Odometer	139315 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/60 R15	KAPSEN	3 mm
L/H Front Tyre	195/60 R15	KAPSEN	3 mm
R/H Rear Tyre	185/65 R15	KAPSEN	3 mm
L/H Rear Tyre	185/65 R15	KAPSEN	3 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	18/11/2017	Inspect Date / Time	21/11/2017 (02:18 PM)
Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,900-\$5,900			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	

Report Ref No. CS3/EG17022106/Wbe2

Inspected By



WILSON TEO CHENG MING

Automotive Assessor



K.K. LAU CPT (RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.