

Surveyor

Taylor

REF:

CS/TP17022326 / Tlvb2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

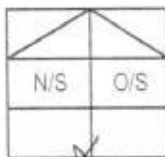
Excess: _____

(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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Independent

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 2888 B Yr Regn: 2015 / out

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

Truck / Trailer or

Make: Toyota Vellfire cc 2362

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 251595 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ATH2080469 07

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/65 R15

R: _____

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 16/11/17 D.O.I: 23/11/17

Survey held at Prime Auto

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

SHD 2888B - N/A / AV109010090/k

DATA: 13/05/09

24/11/17 LS \$1800 confirmed by email (Recd 1199.15, 409)

RECEIVED 24 NOV 2017.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 24/11 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp. (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

: Photos

: Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ 1800/2)

110

50

50

37

80

327

Survey Department Check List (Case Handler)

Reference No. : CS/TP17022326/Tivb

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

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

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 (Modi)	✓			
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	✓			
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(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	✓			
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Check By: **VERON** **24/11/17**

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				
PRIME AUTO CLAIMS SERVICE PTE LTD		Ref : CS/TP17022326/T1vb		
6 BENOI PLACE SINGAPORE 29927		Date : 22-11-2017		
		Code : TP474		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 2888B	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		21/11/2017	
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	16/11/2017	Inspection Date	21/11/2017	
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Friday, 24 November, 2017 10:34 AM
To: 'Alice Leong'; Taufikh (LKKAUTO)
Cc: SUR
Subject: RE: FINALIZE TO SHD2888B

Dear Alice,

Confirmed finalize at LS \$1,800 and 2 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Alice Leong [mailto:aliceleong@primeautoclaims.com]
Sent: Friday, 24 November, 2017 9:44 AM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: FINALIZE TO SHD2888B
Importance: High

Dear Taufikh,

We enclosed our after repair photos & our calculation sheet for your retention. Shall we finalize at LS \$1,800 and 2 days

Please let us have your confirmation within three days from our e-mail.

With regards.

Ms. Alice Leong

Prime Auto Claims Service Pte Ltd

Office: No. 5 Benoi Place Singapore 629926

Workshop: No.6 Benoi Place Singapore 629927

Tel: 6861 0908 Fax: 6515 2948

HP: 8781 9005

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MPRI17152588 / Prime Auto Claims Service Pte Ltd - HQ
ENTRY DATE & TIME: 17/11/2017 16:57

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 willful 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 17/11/2017 16:57
Date Of Accident 16/11/2017 09:55
Exact Location Of Accident CHANGI AIRPORT TERMINAL 3 TAXI QUEUE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD2888B
Insured/Policyholder
Name Of Registered Owner PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No 199606293Z
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-68982000
Vehicle Particulars
Manufacturer TOYOTA
Model VELLFIRE-2.4 X HYBRID (ATH20) (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 TAXI
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number 5068045737-03
Cover Note Number
Driver
Name of Driver TAN BOCK SWEE
NRIC No S7000292B
Date Of Birth 03/01/1970
Occupation OUTDOOR
Date Of Driving Pass 17/01/1995
Driving Experience 22 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97899093
Fax Number
Contact Number
EMail Address NOEMAIL

Address BLK 48 TEBAN GARDENS ROAD #04-243 SINGAPORE
Postcode 600048
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 COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
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) 1

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 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1072E

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)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 Authorized 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.



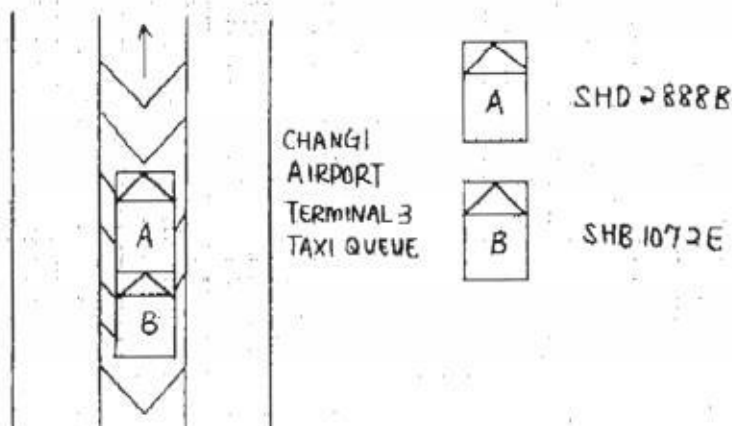
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 17/11/17 3:57pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.11.2017 @ 0955 hrs, my taxi SHD2888B was stationary along Changi Airport Terminal 3 Taxi Queue. There were a lot of taxis queueing ahead. While stationary, one SMRT taxi SHB1072E collided onto my taxi rear portion.

After the accident, we alighted from our vehicles to check on the damages. Driver of SHB1072E verbally admitted his fault on the spot. We did not exchange particulars. I felt backache after the accident thus I will consult doctor if my pain persisted.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/11/17 3:57pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M

5 Benoi Place Singapore 629926

Tel: 6861 0908 Fax: 6515 2948

Date: 21.11.2017

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4
Singapore 757705

Attn: Motor Claims Dept

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

RE: ESTIMATE COST OF REPAIR TO VEHICLE SHD2888B TOYOTA VELLFIRE (2014)

To Supply

1) 1pc	Rear bumper	\$	1,785.00	cler
2) 1pc	Rear bumper center right parking sensor (Genuine)	\$	569.10	? x nn
3) 1pc	Rear bumper center left parking sensor (Genuine)	\$	569.10	alt
4) 1pc	Rear bumper center right parking sensor cover (Genuine)	\$	44.50	? x nn
5) 1pc	Rear bumper center left parking sensor cover (Genuine)	\$	44.50	alt
Sub total parts		\$	3,012.20	
Less: 25% discount		\$	753.05	
		\$	2,259.15	

To Supply S.Nett Parts

1) 1pc	Rear anti slip mat	\$	80.00	rec
Sub total S.Nett Parts		\$	80.00	

L/charges

1) To remove & replace center reverse sensor, reset reverse sensor light. Check wiring	\$	60.00	
2) To remove & replace rear bumper. Align & adjust rear bumper.	\$	300.00	200
3) To putty, respray painting rear bumper in pearl white. To polish	\$	300.00	200
Sub total L/charges		\$	660.00
Estimated Grand total		\$	2,999.15

Taufik 97495749
2 days.

wp
Resurvey after repair
Munsum
taufik@lkkauto.com

[Signature]
23/11/17

21-11-17 17:31 From

To: 62659941

1 / 1



Prime Auto Claims Service Pte Ltd

GST Reg. No: 201606560M
5 Behol Place Singapore 629926
Tel: 6861 0908 Fax: 6515 2948

Date: 21.11.2017

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4
Singapore 757705

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SHD28888 TOYOTA VELLFIRE (2014)

To Supply

1) 1pc	Rear bumper	\$	1,785.00	def
2) 1pc	Rear bumper center right parking sensor (Genuine)	\$	569.10	X
3) 1pc	Rear bumper center left parking sensor (Genuine)	\$	569.10	X
4) 1pc	Rear bumper center right parking sensor cover (Genuine)	\$	44.50	X
5) 1pc	Rear bumper center left parking sensor cover (Genuine)	\$	44.50	X

Sub total parts	\$	3,012.20	2398.60
Less: 25% discount	\$	753.05	-599.65
	\$	2,259.15	1798.95

To Supply S.Nett Parts

- 1) 1pc Rear anti slip mat

	\$	80.00	80.00
Sub total S.Nett Parts	\$	80.00	80.00

L/charges

- 1) To remove & replace center reverse sensor, reset reverse sensor light
Check wiring
- 2) To remove & replace rear bumper. Align & adjust rear bumper.
- 3) To putty, respray painting rear bumper in pearl white. To polish

Sub total L/charges	\$	660.00	430.00
Estimated Grand total	\$	2,999.15	2308.95

Tan Kah 97493749

2 days

WP

Respray after repair

Insurance

tan.kah@interact.com

less: 10% LS - 461.79

1847.16

LS 1800/-



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

PRIME AUTO CLAIMS SERVICE PTE LTD

Ref : CS/TP17022326/T1vbn2

6 BENOI PLACE SINGAPORE 29927

Date : 01-12-2017



ON BEHALF OF PRIME CAR RENTAL & TAXI
SERVICES PTE LTD

Code : TP474

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHD 2888B
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	21/11/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA VELLFIRE	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	ATH208046907	Colour	WHITE
Odometer	251595	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/65 R15	WEST LAKE	6 mm
L/H Front Tyre	215/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	215/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	215/65 R15	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	16/11/2017	Inspection Date	21/11/2017
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 2888B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	1,785.00	1,785.00
1	REAR BUMPER CENTER RIGHT PARKING SENSOR (GENUINE)	NOT NECESSARY	569.10	-
1	REAR BUMPER CENTER LEFT PARKING SENSOR (GENUINE)	CUT	569.10	569.10
1	REAR BUMPER CENTER RIGHT PARKING SENSOR COVER (GENUINE)	NOT NECESSARY	44.50	-
1	REAR BUMPER CENTER LEFT PARKING SENSOR COVER (GENUINE)	CUT	44.50	44.50
	LESS 25% DISCOUNT		-753.05	-599.65
			2,259.15	1,798.95
	<u>SPECIAL NETT ITEMS</u>			
1	REAR ANTI SLIP MAT (SN)	NECESSARY	80.00	80.00
			80.00	80.00
	<u>LABOUR</u>			
	TO REMOVE & REPLACE CENTER REVERSE SENSOR,RESET REVERSE SENSOR LIGHT.CHECK WIRING.		60.00	30.00
	TO REMOVE & REPLACE REAR BUMPER.ALIGN & ADJUST REAR BUMPER.		300.00	200.00
	TO PUTTY,RESPRAY PAINTING REAR BUMPER IN PEARL WHITE.TO POLISH.		300.00	200.00
			660.00	430.00
	GRAND TOTAL		2,999.15	2,308.95
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,800.00

Report Ref No. CS/TP17022326/T1vbn2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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