

Summary

Kalin

REF:

NS/INC17022999/KIRbn2

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: SJM 2865X

Policy No. 5092155411 04092017

Claims No. MT/0971843-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 70474 Yr Regn: 2 JUL 2014

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

Truck / Trailer or

Make: Hyundai I40 C.O. 1685

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

Sp. Reading: 383099 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HCB 414 ME 405 6050

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 20/11/14 D.O.I. 4/12/14

Survey held at COLE (Gang)

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

Rear.

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

Date / Time Action / Instruction

SHA 70474 - CC3 / LCR 17051076 / KIRbn2

DUA: 02.11.17

INC

SJM 2865X - X

4s.

7/12/17 Continued P/P \$325/2A75

Red \$752.88, 70%.

RECEIVED 1 DEC 2017

Date/Time, File Pass to?



Preli. Report



Final Report

1) typst

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Week-end (\$)

) \$ + RS \$

) Photos

) Others

Report Format: TP

Lump Sum / I.B.I: \$

325

160

35

195



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17022999/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 2865X	Veh. Inspected	SHA 7047U
Policy No.	5092155411	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

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

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5. General Information

Accident Date	30/11/2017	Inspection Date	04/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/11/2017 10:14"/>						
Vehicle No. (For Motor)	<input type="text" value="SJM2865X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092155411	ATTICA CAR LEASING PTE LTD	201711702G	GFT	Third Party	SJM2865X	SJM2865X	04/07/2017	
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 08/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0966662-002	COMFORT TRANSPORTATION PTE LTD	SHB 4977A	SIZ 5474C	20/10/2017	21:50	\$ 11,064.80	\$ 5,750.00
2	MT/0965716-003	COMFORT TRANSPORTATION PTE LTD	SHA 4247D	YL 1453K	14/10/2017	19:10	\$ 2,431.58	\$ 1,345.38
3	MT/0971843-002	COMFORT TRANSPORTATION PTE LTD	SHA 7047U	SJM 2865X	30/11/2017	13:20	\$ 1,077.88	\$ 325.00
4	MT/0972173-002	COMFORT TRANSPORTATION PTE LTD	SHB 4334E	SGB 771P	02/12/2017	1:20	\$ 3,454.86	\$ 2,900.00
5	MT/0972476-002	COMFORT TRANSPORTATION PTE LTD	SHC 3557E	GW 507B	05/12/2017	16:35	\$ 4,858.34	\$ 1,300.00
6	MT/0973066-001	COMFORT TRANSPORTATION PTE LTD	SH 8484S	SIW 8777A	05/12/2017	1:05	\$ 610.00	\$ 300.00

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	01/12/2017 08:19
Date Of Accident	30/11/2017 13:20
Exact Location Of Accident	HAVELOCK ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7047U
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

Driver

Name of Driver	LEE SENG HEE
NRIC No	S1655842G
Date Of Birth	15/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1984
Driving Experience	33 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	120B #15-386 RIVERVALE DRIVE
Postcode	542120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	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)	2

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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM2865X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

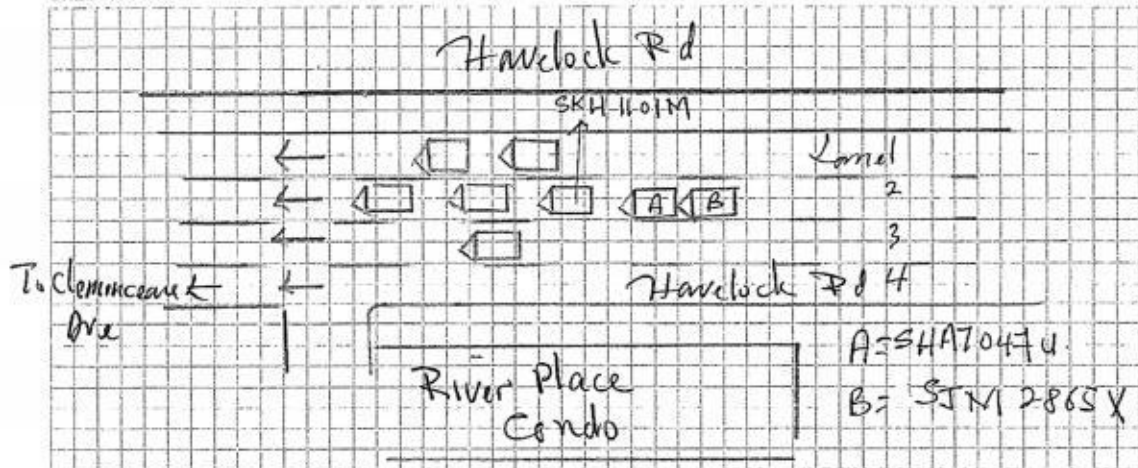
DETAILS OF INJURED PERSON 1

Name	LEE SENG HEE
------	--------------

Approximate Age	53
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHA7047U
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This afternoon (30/11/17), I travelled on Havelock Rd ferrying a male passenger to city.

As seen in the video footage, when a private car in front stopped on the stretch of road near River Place Condo, I followed suit and all of a sudden, I felt an impact after Car B (SJM 2865X) hit into the rear of my car.

I took photos at the scene.

I found damage to the rear portion of my taxi. I felt body pains following the accident. I intended to seek medical treatment.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

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.

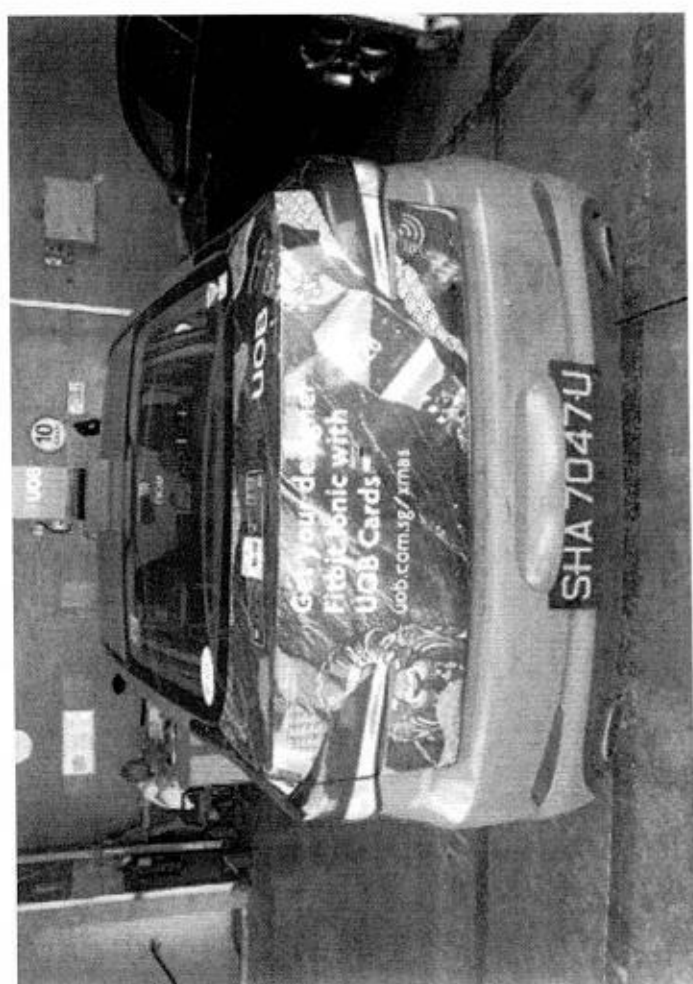
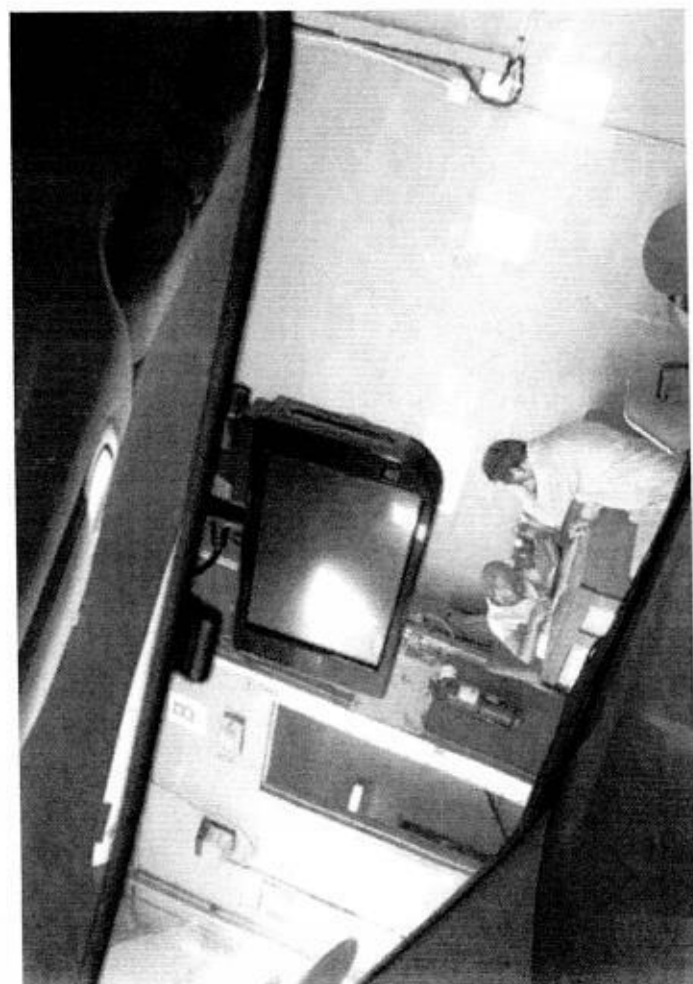
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303821R

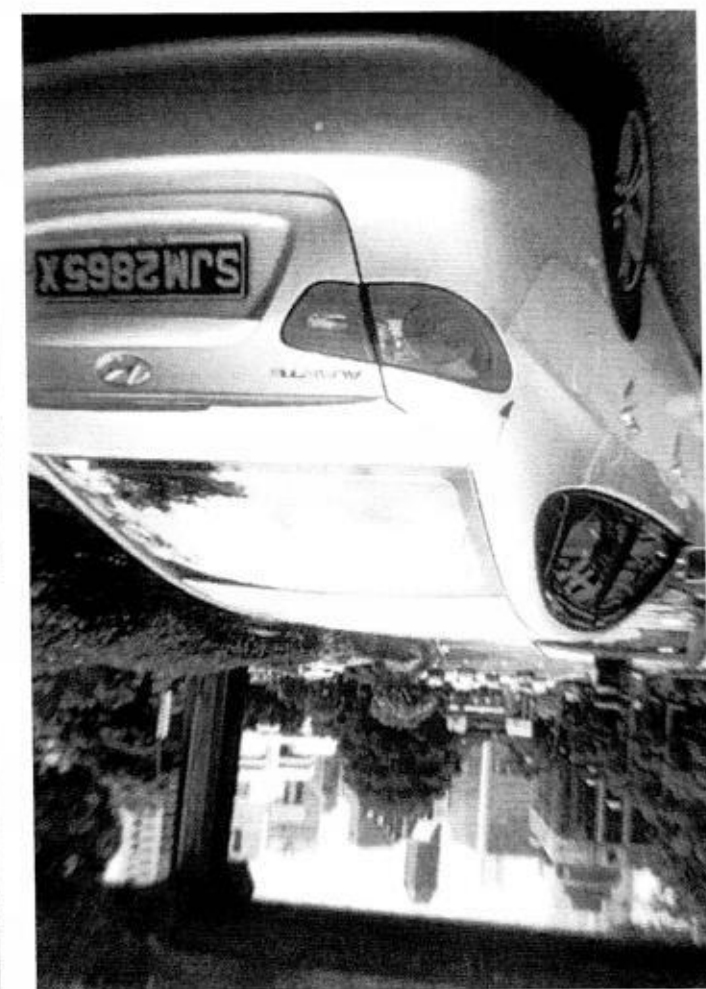
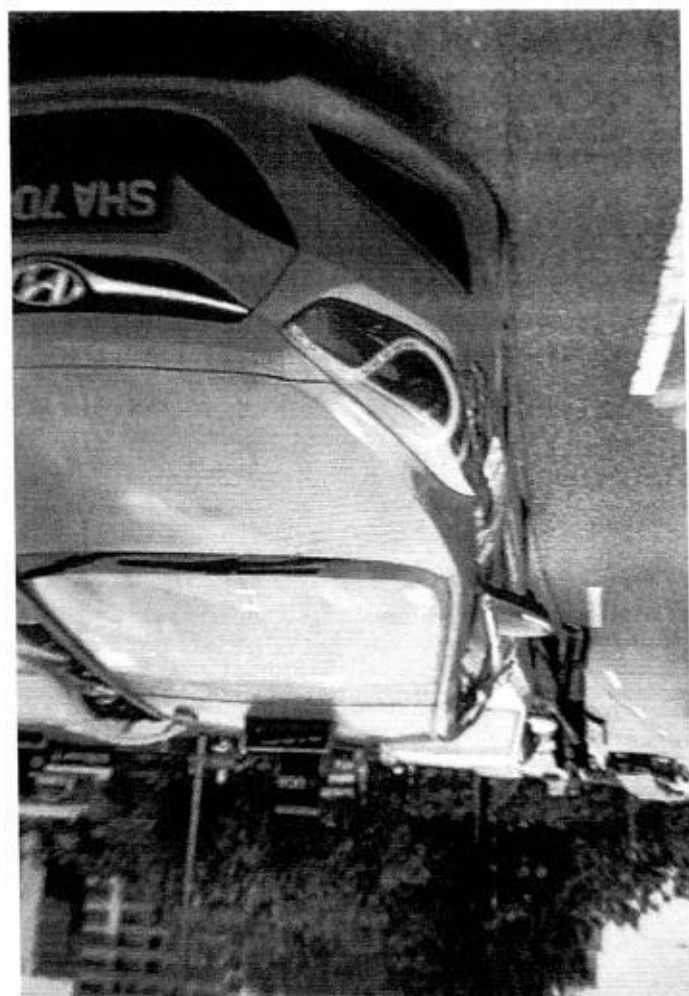
Policyholder's Signature
Date & Time:

776
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Lim Ee Soon
CSO

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





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3787369 JC NO.305094380

CUSTOMER		REGN NO:	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD		SHA7047U	
TOMER NO 7010045		MAKE:	FUEL
RESS 383 SIN MING DRIVE		HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
(R) 65508755 (O)		I-40	04.12.2017 11:20
(P)		YR OF MANU	TARGET DATE
		02.07.2014	
		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMEU056050	
OUNT CARD NO.			

Accident Date: 30.11.2017
ATURE: 3P 30.11.17/B

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge Slip		Exit Pass	
No.: SHA7047U	FZ NTUC LKK	Vehicle No.:	SHA7047U
Signature/Date	Name of Service Advisor	Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

NT4C

DATE 4/12/2017 15:17

F7

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x repair</i>			\$ 603.60
	SUB TOTAL			\$ 603.60
	LESS 20%			\$ 120.72
	DISCOUNTED TOTAL			\$ 482.88
	Rear No.Plates <i>/ 19</i>			\$ 25.00
	Labour Charge			
	Panel Beating			\$ 200.00 ¹⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	Wiring Charge			\$ 50.00 ^{X 20}
	Remove/Refix Reverse Sensor			\$ 120.00 ²⁰
	TOTAL LABOUR			\$ 570.00
	ESTIMATE TOTAL			\$ 1,077.88
<div style="float: left; width: 40%;"> <i>Kalvin LUK</i> <i>4/12/17 1530hrs</i> <i>2 days.</i> <i>45</i> <i>After Repair photo</i> </div> <div style="float: right; width: 55%; border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>LKK Auto Centre wants to notify the Resurveyor as follows:</p> <ul style="list-style-type: none"> To resurvey after spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on a "Without prejudice" basis No illegal modifications allowed Supplementary work must be resolved and is subject to final approval from insurance company. <p>Acknowledged by Repairer: Signature: _____ Date: _____</p> </div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305094380
REGN NO : SHA7047U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 02.07.2014
DATE/TIME IN : 04.12.2017 11:20
ACCIDENT DATE : 30.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS NO PLATE(S) 1 N 25.00 0.00 25.00

SUB-TOTAL : 25.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 L SPRAY PAINTING CHARGE 180.00

0002 L REMOVE/REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 300.00

TOTAL : 325.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305094380
Date : 07.12.2017

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA7047U


Fax :
Date of Accident : 30.11.2017

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SJM2865X
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$25.00
 - (b) Labour Charges \$300.00
 - Total for Part-By-Part Repair Cost** \$325.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 working days.
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 7/12/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17022999/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 22-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 2865X	Veh. Inspected	SHA 7047U
Policy No.	5092155411	Coverage (\$)	0.00
Claim No.	MT/0971843-002	Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU056050	Colour	BLUE
Odometer	383099	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	7 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	7 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	30/11/2017	Inspection Date	04/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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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National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7047U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>		TO REPAIR		
1	REAR BUMPER		603.60	-
	LESS 20% DISCOUNT		-120.72	-
			482.88	-
<u>SPECIAL NETT ITEMS</u>		CRACKED		
1	REAR NO PLATE (SN)		25.00	25.00
			25.00	25.00
<u>LABOUR</u>				
THATCHAM STANDARD REPAIR TIME ON BODY WORKS.			370.00	120.00
THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.			200.00	180.00
		570.00	300.00	
GRAND TOTAL			1,077.88	325.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				325.00

Report Ref No. NS/INC17022999/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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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.