

Surveyor: **Kalvin**

REF: **NS/INC17023781/K1rbn2**

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: **SJM 62585**
 Policy No: **5069992593-02 230117-220218**
 Claims No: **MT/0973601-002**
 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

Bel. 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: **SHD 8837 J** 3rd Rec 315
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I20** 1685
 Colour: **Yellow** A/C Ins **Q** / Std / NI / NA
 Sp/Reading: **180546** T/Radio: Ins **Q** / Std / NI / NA
 Eng No: _____
 C No: **KMHCB44A04086744**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / R/Rim or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Michelin**
 Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **13/12/17** D.O.A: **14/12/17**
 Survey held at: **COAE (Gang)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction
SHD 8837 J - NS/FCL16010344/Agh302 **SJA 100616** **JWC**
SJM 62585 - X **4/5**
18/12/17 **Cost 118 \$280 / 2 Pys**
Red \$970.48, 781.

RECEIVED 16 DEC 2017

Date/Time File Pass to? ☐ : Preli. Report
☒ : Final Report
 Date/Time File Return to?

Days Of Repair: **2**
 Resurvey No. of Trip: **~**

Survey Fee
 Transportation
 S-P
 Shop
 Other

Add Fee:

☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ Witness \$

Report Format: **TP**
 Lump Sum / I.B. / S: **280**

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/INC17023781/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-12-2017



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 6258S	Veh. Inspected	SHD 8837J
Policy No.	5069992593-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/12/2017

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

--

5. General Information

Accident Date	13/12/2017	Inspection Date	14/12/2017
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.
--

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2017

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/0973107-002	COMFORT TRANSPORTATION PTE LTD	SHA 6067T	SLU 3728L	09/12/2017	1:10	\$ 2,355.88	\$ 1,050.00
2	MT/0973333-002	COMFORT TRANSPORTATION PTE LTD	SHA 5334D	PA 7506S	10/12/2017	1:40	\$ 2,914.06	\$ 802.48
3	MT/0973648-002	COMFORT TRANSPORTATION PTE LTD	SHD 6887C	SIK 8561T	13/12/2017	16:10	\$ 2,461.58	\$ 850.00
4	MT/0973601-002	COMFORT TRANSPORTATION PTE LTD	SHD 8837J	SIN 6258S	13/12/2017	12:40	\$ 1,250.48	\$ 280.00
5	MT/0973067-002	COMFORT TRANSPORTATION PTE LTD	SH 7284J	G8D 4397	10/12/2017	17:10	\$ 5,365.04	\$ 2,450.00
6	MT/0970758-002	SMRT AUTOMOTIVE	SHC 4517P	SIV 9264L	21/11/2017	9:00	\$ 2,259.50	\$ 900.00
7	MT/0969123-002	SMRT AUTOMOTIVE	SMB 1394S	PC 3639H	09/11/2017	12:20	\$ 10,893.80	\$ 5,500.00

Claim received from LKK

eBaoTech

GeneralClaim

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="13/12/2017 17:17"/>						
Vehicle No.(For Motor)	<input type="text" value="SJN62585"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S069992593-02	ISMAIL B HASHIM	S8428529C	GPC	drive CLASSIC	SJN62585	SJN62585	23/02/2017	22/02/2018
<input type="button" value="Continue"/>									

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	13/12/2017 14:54
Date Of Accident	13/12/2017 12:40
Exact Location Of Accident	WOODLANDS AVE 2 TWDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8837J
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-15072702MFSH
Cover Note Number	

Driver

Name of Driver	CHONG CHARLIE
NRIC No	S1197412J
Date Of Birth	21/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHARLIE_2155@YAHOO.COM

Address	BLK 109 RIVERVALE WALK #09-20
Postcode	540109
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?	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)	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

PLS REFER TO ATTACHED

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	SJN6258S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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:

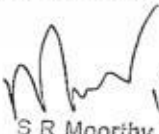
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

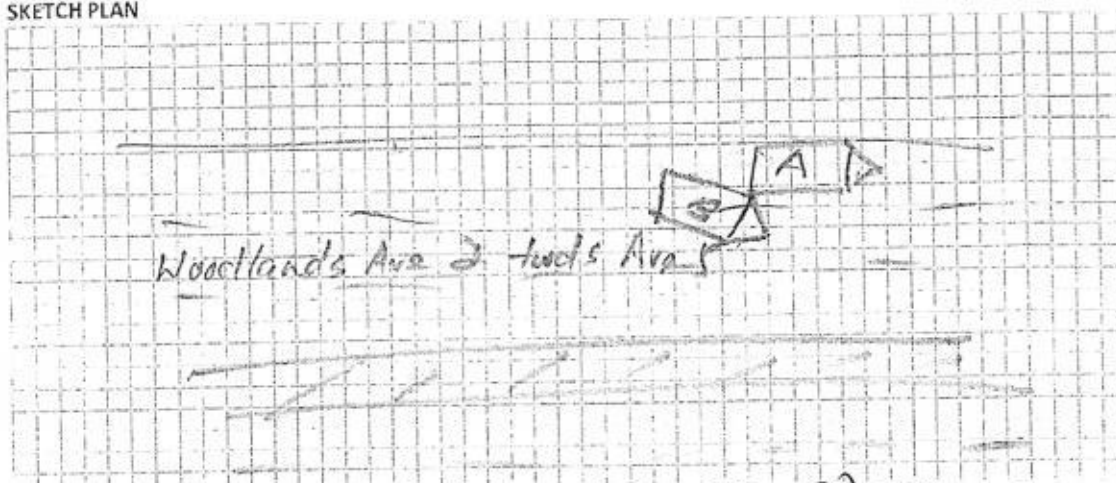
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


S R Moorthy
CSO

APPROVED FOR SIGNATURE

u - f
b - 6

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SHD8837J B) SIN62586

On 13/12/17 at about 1240 hrs while I Veh A gradually stopped to alight my passenger, Veh B collided on the right rear portion of my stationary vehicle.

DECLARATION

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

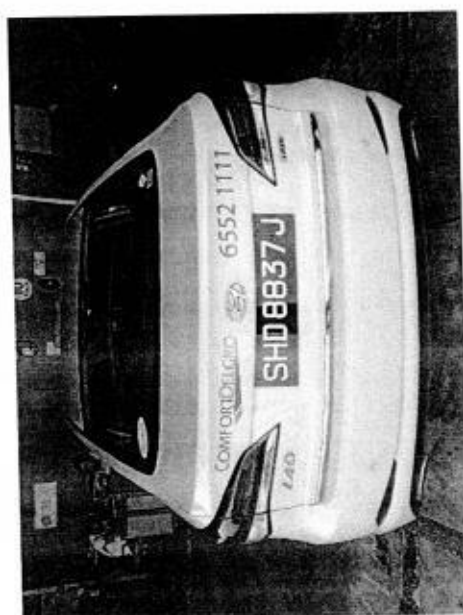
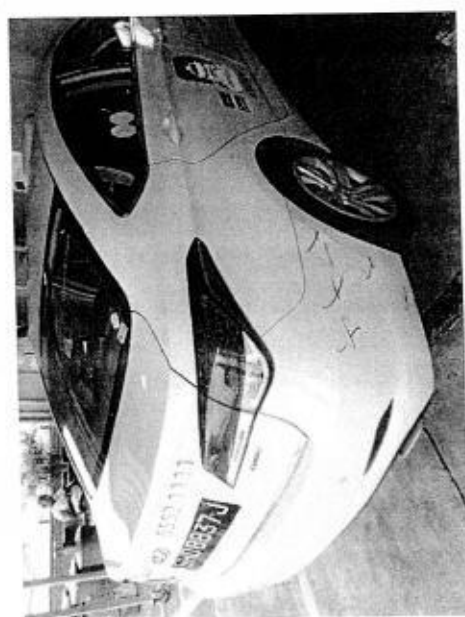
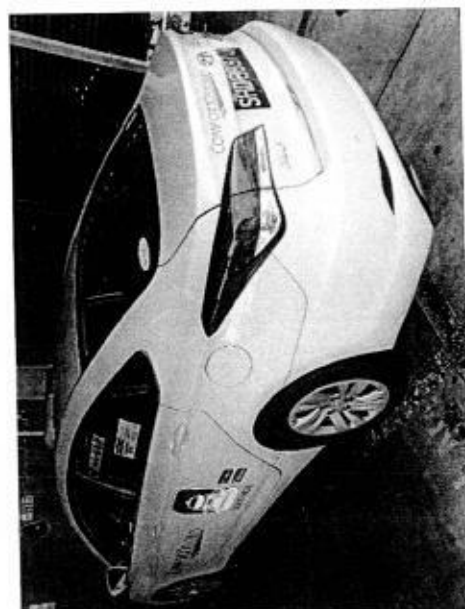
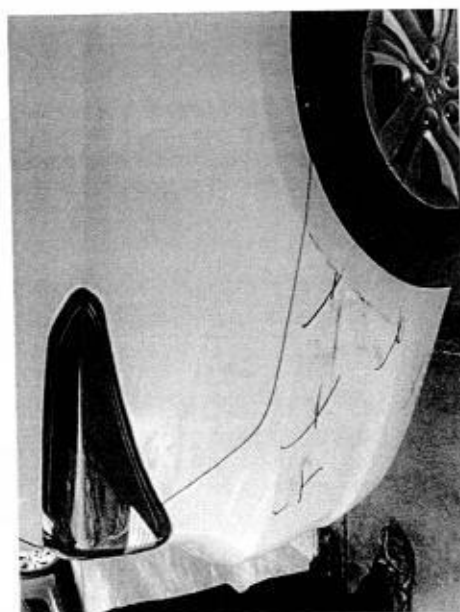
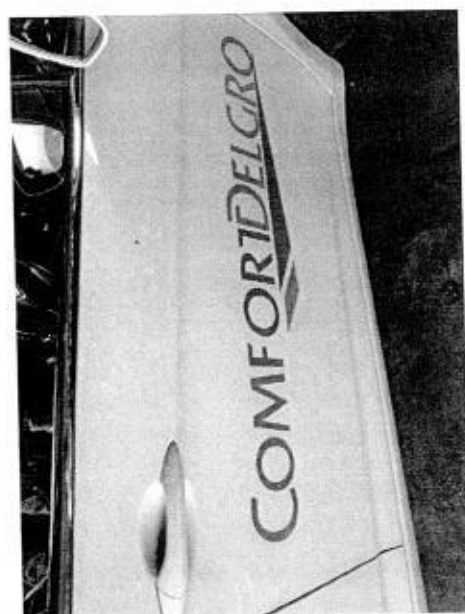
CHIY CAB PTE LTD
CO. REG. NO. 199502839G

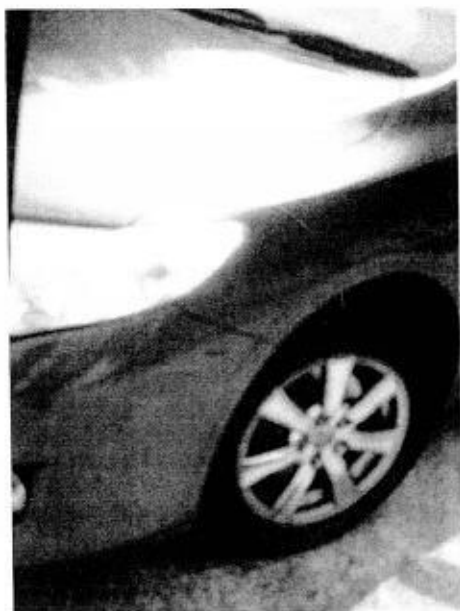
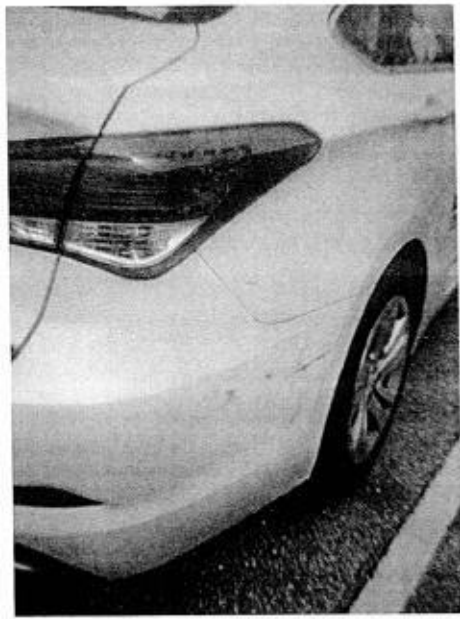
Policyholder's Signature
Date & Time:

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

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

[Signature]
R. M. Dorthy, 13/12/17
CSO





A member of COMFORTDELGRO

Date/Time: 13.12.2017 16:09 Page : 1

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.305097562

CUSTOMER CITYCAB PTE LTD 7010070 CUSTOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 ADDRESS 65551188 L (R) (P) (O)	REGN NO. SHD8837J	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 13.12.2017 13:35
	YR OF MANU. 03.12.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU080744	COMPLETION DATE/TIME:

SCOUNT CARD NO.

Accident Date: 13.12.2017
NATURE: 3P 13.12.2017

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi Right Rear damage
		LKK/Kelvin -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip et: Job: File No.: SHD8837J LARRY Larry Ng Signature/Date	Exit Pass Vehicle No.: SHD8837J Name of Service Advisor To be kept by Security Guard
	Date

is returned to Service Reception upon collection

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8837J

DATE 13/12/2017 14:05

MAKE :

Date: 13.12.17

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X repair			\$ 603.60
	Rear Bumper Clips X 1			\$ 22.00
	SUB TOTAL			\$ 625.60
	LESS 20%			\$ 125.12
	DISCOUNTED TOTAL			\$ 500.48
	Labour Charge			100
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 1,250.48
<p>Kah 10/14</p> <p>14/12/17 0950h</p> <p>2 Pys</p> <p>4/5</p> <p>After Repair - p Lh</p> <p>Larry Ng</p> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party surveys on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplier/contractor(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>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.				

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 16.12.2017

Time: 15:14:17

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305097562
REGN NO : SHD8837J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.12.2015
DATE/TIME IN : 13.12.2017 13:35
ACCIDENT DATE : 13.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 280.00

TOTAL : 280.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305097562
Date : 17.12.2017

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN


Fax :


Vehicle Reg No. : SHD8837J Date of Accident: 13.12.2017

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

1. The repair job shall bill to: NTUC SJN6258S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount 1
 - (b) Labour Charges \$280.00
 - Total for Part-By-Part Repair Cost** \$280.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kalvin
Date : 18/12/17

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				
3. Survey Fees				
4. LTA Search Fee	\$5.35			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023781/K1rbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 26-12-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJN 6258S	Veh. Inspected	SHD 8837J	
Policy No.	5069992593-02	Coverage (\$)	0.00	
Claim No.	MT/0973601-002	Excess (\$)	0.00	
Assign From		Assign Date	14/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU080744	Colour	YELLOW	
Odometer	180546	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	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/12/2017	Inspection Date	14/12/2017	
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



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. SHD 8837J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-125.12	-
			500.48	-
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	280.00
	GRAND TOTAL		1,250.48	280.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				280.00

Report Ref No. NS/INC17023781/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

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.