

Kalin

REF:

NS/INC17023864/KH062

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

of \_\_\_\_\_

Insured: **SLA 29X**

Policy No: **5075309111-02 01-11-2017**

Claims No: **MT/0973608-002**

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

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: **SHD 4961J** Reg: **17 Sep 24**

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

Truck / Trailer or

Make: **Hyundai 240** cc **1685**

Colour: **Blue** A.O: Insured / Std / NI / NA

Sp. Reading: **391976** T. Radio: Insured / Std / NI / NA

Eng. No: \_\_\_\_\_

C. No: **KAHCB414ME405953**

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: **205/60R16**

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.I. **15/12/17**

Survey held at **CDGE (16/12/17)**

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

**o/s Front.**

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

Date / Time Action / Instruction

**SHD 4961J - X**

**SLA 29X - NA / INC17023864 / 24**

**DCA 1312017**

**INC 45**

**18/12/17 Confirmed 45 \$1100 / 2 Pgs. (Red: 1557.30 : 58%)**

Date/Time File Pass to: ☐ Preli. Report

**2012 Typist** ☒ Final Report

Date/Time File Return to: \_\_\_\_\_

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp. \$

☐ Interview \$

☐ Technical \$

☐ Clean up \$

Report Format: **TP**

Lump Sum / L.B. \$

**1100**

Survey Fee

Transportation

\_\_\_\_\_ B-F-S, J-S

Photos

Notes

TOTAL

**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/INC17023864/K1tb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 15-12-2017	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLA 29X	Veh. Inspected	SHD 4961J
Policy No.	5075309111-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	13/12/2017	Inspection Date	15/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. General</b>		<b>Remarks</b>	
		A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.	

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075309111-02	EHB LIMOUSINE PTE LTD	201536531R	GFT	drive PREMIUM	SLA29X	SLA29X	01/11/2017	

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 19/12/2017

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/0974410-001	SMRT TAXI PTE LTD	SHB 296H	FR 9507E	08/12/2017	20:30	\$ 5,881.40	\$ 1,750.00
2	MT/0972573-002	SMRT TAXI PTE LTD	SHB 5526L	PC 1212T	05/12/2017	11:55	\$ 11,118.80	\$ 3,804.26
3	MT/0973730-002	COMFORT TRANSPORTATION	SHA 4611K	SLB 3927D	13/12/2017	17:05	\$ 57,185.67	TOTAL LOSS
4	MT/0973608-002	COMFORT TRANSPORTATION	SHD 4961J	SLA 29X	13/12/2017	19:30	\$ 2,657.80	\$ 1,100.00
5	MT/0973636-002	COMFORT TRANSPORTATION	SHD 4854K	SKW 1217J	13/12/2017	8:45	\$ 3,328.54	\$ 1,050.00
6	MT/0971714-002	SMRT TAXI PTE LTD	SHD 6094Z	SIM 7705T	29/11/2017	1:50	\$ 13,427.15	\$ 5,700.00

Claim received from LKK

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305097898

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

REGN NO: SHD4961J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.12.2017 20:30
YR OF MANU 17.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059553	COMPLETION DATE/TIME:

JNT CARD NO.

JOB DESCRIPTION

cident Date: 13.12.2017  
TURE: 3P 13.12.17

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Exit Pass			
Vehicle No.: SHD4961J			
Service Advisor	Signature/Date	Name of Service Advisor	Date
ned to Service Reception upon collection		To be kept by Security Guard	

## 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	14/12/2017 11:37
Date Of Accident	13/12/2017 19:30
Exact Location Of Accident	RAFFLES AVE > STAMFORD/RIZ-CARLTON HOTEL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4961J
<b>Insured/Policyholder</b>	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

### Driver

Name of Driver	CHIN CHI YEOW (CHEN ZHIYAO)
NRIC No	S7205633G
Date Of Birth	14/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1992
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHIYEOW72@GMAIL.COM

Address	139 BEDOK RESERVOIR ROAD # 04-1477
Postcode	S470139
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 - MAJOR/MINOR RD
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

PLS SEE ATTACHED (TYPE OF ACCIDENT - HEAD TO SIDE)

#### 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	SLA29X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHENG GUAN THONG
NRIC/Passport Number	S7345483B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	CHIN CHI YEOW (CHEN ZHIYAO)
------	-----------------------------

Approximate Age	45
Injuries Sustain	NECK
Injured person in which vehicle?	SHD4961J
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	139 BEDOK RESERVOIR ROAD # 04-1477
Postcode	



**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  
COMPTE NO. 1923342-P

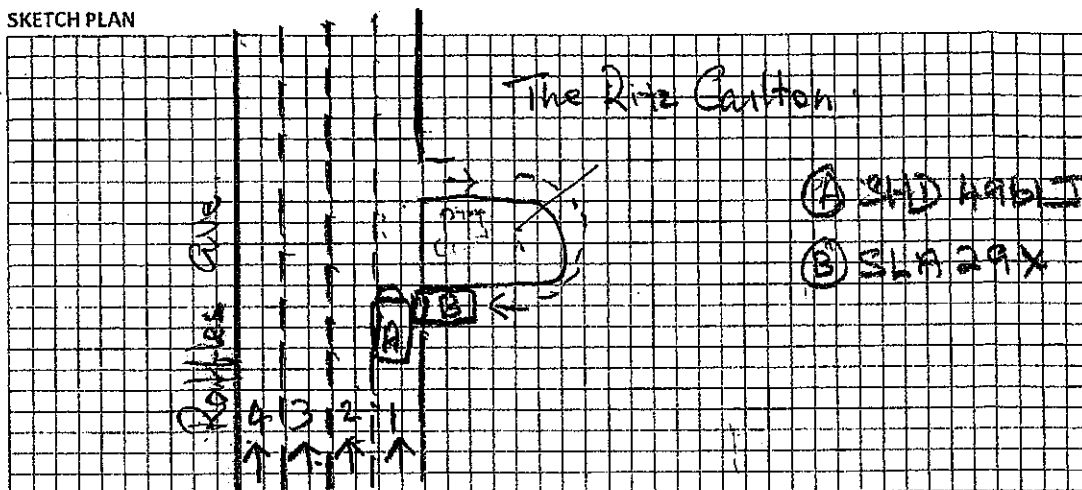
Jackson Heng  
CSO

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13<sup>th</sup>/12/2017 at about 1930 hrs, I vehicle A was driving along Raffles ave toward Stamford road on the most right lane, vehicle B dash out from The Ritz Carlton hotel Exit and bang onto my vehicle A right front portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 1993025513

*[Signature]*

14/12/17

Jackson Henn  
CSO

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305097898

Date : 18/12/17

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4961J

Date of Accident : 13-Dec-17

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

1. The repair job shall bill to: NTUC --- SLA 29X

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,100.00

**Final Lumpsum Repair cost \$1,100.00**

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 : LIM T S

Tel : 62148398

Fax : 65468156

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. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

## REPAIR ESTIMATE\*

**VEHICLE NO : SHD 4961J**

**MAKE**

**MODEL : HYUNDAI i40**

NTUC - LSUM

**DATE 15/12/2017**

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) ✓ Part			\$ 619.00
	Front Fender Shield (RH) X on			\$ 169.80
	Front Fender Retainer x on			\$ 9.20
	Front Door Mirror (RH) X on			\$ 980.50
	Front Door (RH) X repair			
	SUB TOTAL			\$ 1,778.50
	LESS 20%			\$ 355.70
	DISCOUNTED TOTAL			\$ 1,422.80
	Front Door Comfort Logo (RH) — ne			\$ 75.00
	Labour Charge			400
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 2,657.80
	Kalvin CLKK ✓ 15/12/17 10206 2 Days 45 After Repair photo			
	LKK Auto Care Centre Ltd. hereby notify the Repaired Party that: • To resolve any dispute arising from the repair. • To assist the insurance company's survey. • Parts or repairs must be approved by the insurance company. • The repaired party must provide "written approval" basis. • No additional charges will be levied. • Supplementary work may be required and is subject to the approval from insurance company.			
	Acknowledged by Repairer Signature: Date:			

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.


**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Thatcham *escribe*

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023864/K1tbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-01-2018	
Code: INC4				
<b>1. Policy Particulars : THIRD PARTY CLAIM</b>				
Insured Veh.	SLA 29X	Veh. Inspected	SHD 4961J	
Policy No.	5075309111-02	Coverage (\$)	0.00	
Claim No.	MT/0973608-002	Excess (\$)	0.00	
Assign From		Assign Date	15/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU059553	Colour	BLUE	
Odometer	391976	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	13/12/2017	Inspection Date	15/12/2017	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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 4961J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT DOOR MIRROR (RH)	TO REPAIR	980.50	-
1	FRONT DOOR (RH) (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-355.70	-123.80
			1,422.80	495.20
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT DOOR COMFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
			75.00	75.00
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		610.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	430.00
			1,160.00	830.00
	<b>GRAND TOTAL</b>		<b>2,657.80</b>	<b>1,400.20</b>

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,400.00</b>
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Report Ref No. NS/INC17023864/K1tbe2

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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