

12/03/2017

ASS. REC. BY:

REF: CS3/EQ117024382/Wd3er range

Surveyor

ASSIGNMENT (Office)

From (Person): Bazlin Ahmad

of EQ

Date/Time: 26/12/2017 @ 3-21pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SBW 1C

Insured: G2 64S8D

at Workshop m/s Ero Automobiles

Tel: 91765733

of 13 Kerki Bkt Rd 4 #03-29

Policy No:

Claim No: DM17H002924 / EN

Sum Insured:

Excess:

Make of Veh:

D.O.A. 23/12/2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

(up)

27/12/17

H.O.D. Endorsement:

Date/Time: 3:21pm @ 26/12/17

Person Contacted:

Mr. Alfie

Vehicle: IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SBW 1C -x
	G2 64S8D -x
	After repair: 15/1/2018

PPS
Wilson

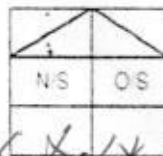
REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SBW 1 C
 at Workshop m/s: ECO Automobile
 of: 13, Kelco Bukit Rd 4 #03-29
 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.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 6 days Res: Yes or No
 Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Date / Time Action / Instruction

Veh No: SBW 1 C Yr Regn: 15/9/2017
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Subaru cc: 1600
 Colour: Dark Blue A.C. Insured / Std / NI / NA
 Sp Reading: 4745 T Radio Insured / Std / NI / NA
 Eng No: _____

C/No: JF1GK31C SHG 004581
 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 / 50 R14
 R: 205 / 50 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front: _____ Rear: _____
 R/Bal: 4 mm R/Bal: 4 mm
 L/Bal: 4 mm L/Bal: 4 mm

D.O.A: 23/12/2017 DOI: 27/12/2017

Survey held at: As Above @ 11:30am

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

The UIC / Chassis frame / Body Structure affected due to collision

Range \$5900 - \$6900

6 Days Repair

[Signature]
6/4/2018

RECEIVED 12 APR 2018

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

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee

100

Date/Time File Return to:

Add Fee: ☐ Site Insp. \$
☐ Interview \$
☐ Tech. Insp. \$
☐ Weekend \$

Report Format: PPS

Lump Sum / I.B.R. \$

100

Nivitha (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Tuesday, 26 December, 2017 2:27 PM
To: assignments; Admin A
Subject: FW: PRI FOR SBW1C - ACCIDENT INVOLVING SBW1C & GZ6458D ON 23.12.2017 ALONG PIE EXIT 4A BEFORE EXIT OF TAMPINES AVE 5
Attachments: 20171226133512467.pdf

Hi Nivitha,

Kindly assist.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

3 21 pm
ve in
Mr. Alhe
x est
21/12/17 @ after 9am.
Automobile.

From: Bazlin Ahmad [mailto:bazlin.ahmad@eqinsurance.com.sg]
Sent: Tuesday, 26 December, 2017 2:17 PM
To: Alywin <alywin@chiaarul.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: PRI FOR SBW1C - ACCIDENT INVOLVING SBW1C & GZ6458D ON 23.12.2017 ALONG PIE EXIT 4A BEFORE EXIT OF TAMPINES AVE 5

Dear Sirs,

We object to all the surveyors as proposed. We shall be appointing our surveyor, **LKK Auto Consultants** to attend to the pre-repair survey of your client's vehicle.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Aside to LKK,

Please arrange to attend to the said Pre-repair survey.

Thank You.

Regards,

Lynn Ahmad

Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road, #17-00 Tower Block, MND Complex, Singapore 069110
did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190
www.eqinsurance.com.sg



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From: Alywin [<mailto:alywin@chiaarul.com>]

Sent: Tuesday, December 26, 2017 2:11 PM

To: Bazlin Ahmad

Subject: RE: PRI FOR SBW1C - ACCIDENT INVOLVING SBW1C & GZ6458D ON 23.12.2017 ALONG PIE EXIT 4A BEFORE EXIT OF TAMPINES AVE 5

Dear All,,

We refer to the above matter and to your email below.

Kindly be inform that our client is not agreeable to your list of surveyor.

We have our client's instructions to propose their list as follows:-

Surveyor	Surveyor Firm
S. Kumanan	SK Auto Consultants

Kindly let us have your reply soon.

Please do not hesitate to contact me should you have any queries thereof.

Best regards,

Mr Alywin Yeo

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

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From: Bazlin Ahmad [<mailto:bazlin.ahmad@eqinsurance.com.sg>]

Sent: 26 December, 2017 1:46 PM

To: Alywin

Subject: PRI FOR SBW1C - ACCIDENT INVOLVING SBW1C & GZ6458D ON 23.12.2017 ALONG PIE EXIT 4A BEFORE EXIT OF TAMPINES AVE 5

Without Prejudice

Dear Sir,

We refer to your Notice of Accident of even date.

We shall be appointing our surveyor to attend to the pre-repair survey of your client's vehicle.

Below is a list of motor surveyors in our panel. Please revert within 2 working days if you agree or have any objections to the appointment of any of the motor surveyors. If we do not hear from you, you are deemed to have agreed to the appointment of any of the motor surveyors listed by us. Alternatively, please specify one or more of our proposed motor surveyors to the said assignment.

1) AJAX Inspection Services Pte Ltd Tel: 6255 0808 Fax: 6849 9155 Contact person : Joey/Joseh	2) Automobile Inspection Services Pte Ltd Tel: 6286 0155 Fax: 6284 1539 Contact Person: Sophia
3) LBS Automotive Appraisal Pte Ltd L.B.S. Auto Consultants Pte Ltd Tel: 6281 6690 / 62832866 Fax: 6281 8748 Contact Person: Amy/ Grace	4) Priority Services Tel: 62934822 Fax: 62963283 Contact Person: Sharon Kho
5) RT Appraisal Pte Ltd Tel: 67486076 Fax: 67480361 Contact Person: Ricky Teng	6) LKK Auto Consultants Pte Ltd Tel: 6256-3561 Fax: 6741-4108
7) Kelvin Automotive Appraising Services Tel: 81825263 Fax: 67461148 Contact Person: Kelvin	8) Automotive Appraiser & Surveying Services Tel: 96623655 Fax: 67655662 Contact Person: Mr Chee

9) JP Knights Pte Ltd

Tel: 63450068

Fax: 63445328

Contact Person: Edna Lee

If you object to all the motor surveyors as proposed by us, please provide a list of at least 10 motor surveyors whom you consider as suitable to appoint for our consideration. We shall revert to you within 2 working days.

Meanwhile, we reserve our rights on Post-Repair Inspection, kindly contact us or our appointed surveyor before you return your client's vehicle to him/her.

Thank You.

Regards,

Lynn Ahmad
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110

did 65 6496 9881 | tel 65 6223 9433 ext 881 | fax 65 6223 4190

www.eqinsurance.com.sg



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From: Alywin [<mailto:alywin@chiaarul.com>]

Sent: Tuesday, December 26, 2017 1:38 PM

To: Elaine Cheong <elaine.cheong@eqinsurance.com.sg>; Janet Tan <janet.tan@eqinsurance.com.sg>

Subject: PRI FOR SBW 1C

Dear All,

We enclosed herewith a copy of PRI for your necessary action.

Please do not hesitate to contact me should you have any queries thereof.

Best regards,

Mr Alywin Yeo

M/s Chia S Arul LLC

151 Chin Swee Road

#03-09 Manhattan House

Singapore 169876

Tel: (65) 6733 4647 Fax: (65) 6733 8183

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CHIA S ARUL LLC
ADVOCATES & SOLICITORS
UEN 201330709H

ARULCHELVAN S

Our Ref : SBW 1C (AY)

Your Ref :

26 December 2017

EQ Insurance Company Ltd
5 Maxwell Road
#17 - 00 Tower Block
MND Complex
Singapore 069110

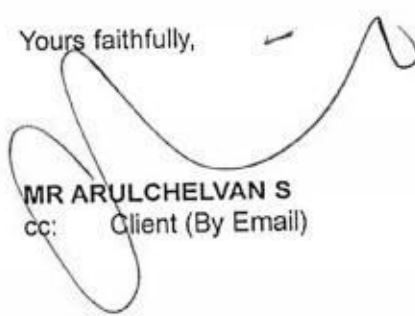
BY FACSIMILE ONLY
(Fax: 6223 4190)

Dear Sir,

RE: PROPERTY DAMAGE CLAIM
CLAIMANT : NO SIGNBOARD SEAFOOD RESTAURANT PTE LTD
ACCIDENT INVOLVING SBW 1C & GZ 6458D ALONG PIE EXIT 4A BEFORE
EXIT TAMPINES AVE 5 ON 23 DECEMBER 2017

1. We act for **NO SIGNBOARD SEAFOOD RESTAURANT PTE LTD**, the owner of motor vehicle no. SBW 1C, which was involved in the aforesaid accident.
2. We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. GZ 6458D for damages, costs and disbursements as a result of your insured driver's negligence.
3. Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at M/s ECO Automobile Claims and Repair Pte Ltd at 13 Kaki Bukit Road 4 #03 - 29 Bartley Biz Centre Singapore 417807 and kindly arrange with Mr Alfie at 9176 5733.
4. If we do not hear from you within the next **two (2) working days**, we shall advise our client to proceed with their own inspection and repairs.

Yours faithfully,


MR ARULCHELVAN S
cc: Client (By Email)

151 CHIN SWEE ROAD • #03-09
MANHATTAN HOUSE • SINGAPORE 169876
TEL : (65) 6733 4647 • FAX : (65) 6733 8183 (not for Service of Court documents)
EMAIL : info@chiaarul.com

Enquire Vehicle & Owner Information (Vehicle No. GZ6458D As At 23 Dec 2017 / 09:10:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: ECO

Current Owner Details

Owner ID Type: Company
Owner ID: 200000913N
Owner Name: STAR PEST CONTROL PTE LTD
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 25
Registered Street Name: MANDAI ESTATE
Registered Unit No.: # 01 - 06
Registered Building Name: INNOVATION PLACE
Registered Postal Code: 729930

Current Vehicle Details

Vehicle No.: GZ6458D
Make Description/Model: MITSUBISHI / L300 HR M
Insurance Company Name: EQ INSURANCE COMPANY LTD

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	26/12/2017 16:01
Date Of Accident	23/12/2017 09:10
Exact Location Of Accident	PIE EXIT 4A BEFORE EXIT TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW1C
Insured/Policyholder	
Name Of Registered Owner	NO SIGNBOARD SEAFOOD RESTAURANT PTE LTD
Co Reg No	A199308096E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67499959

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USE
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	DONALD CHOO YE SHENG
NRIC No	S9231898B
Date Of Birth	01/09/1992
Occupation	INDOOR
Date Of Driving Pass	13/03/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91781164
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 365B UPPER SERANGOON ROAD , #15-1064
Postcode	532365
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 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	GZ6458D
Vehicle Make/Model/Colour	MITSUBISHI VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



A-RBWIC.
B-GZ 6458D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along PIE exit 4A before exit Troupines
Ave 5. There are people crossing the road at the zebra crossing.
So I go down and stop. Suddenly Veh B (G26HSD), couldn't
stop in time and bang into my left rear portion of my
Veh A (88WJC).

DECLARATION

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



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

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

**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

EQ INSURANCE COMPANY LTD

Ref: CS3/EQ17024382/Wd3e2

5 MAXWELL ROAD #17-00 TOWER BLOCK MND
COMPLEX SINGAPORE 069110

Date: 18-04-2018



Code: EQ1

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	GZ 6458D	Veh. Inspected	SBW 1C
Policy No.		Coverage (\$)	0.00
Claim No.	DM17HO02924/FN	Excess (\$)	0.00
Assign From	BAZLIN AHMAD	Assign Date	26/12/2017

2. Vehicle Particulars & Condition

Make & Model	SUBARU IMPREZA	c.c	1600
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JF1GK3KC5HG004581	Colour	DARK BLUE
Odometer	4745 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/50 R17	BRIDGESTONE	4 mm
L/H Front Tyre	205/50 R17	BRIDGESTONE	4 mm
R/H Rear Tyre	205/50 R17	BRIDGESTONE	4 mm
L/H Rear Tyre	205/50 R17	BRIDGESTONE	4 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
--	--

5. General Information

Accident Date	23/12/2017	Inspect Date / Time	27/12/2017 (11:30 AM)
Survey held at	ECO AUTOMOBILE CLAIMS & REPAIR PTE LTD 13 KAKI BUKIT ROAD 4 #03-29 BARTLEY BIZ CENTRE SINGAPORE 417807		

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 \$5,900-\$6,900

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
-------------------------------------	----------------

Report Ref No. CS3/EQ17024382/Wd3e2

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

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