

Calvin

NS / INC 1800 2242 / K11602

ALONG DISTANCE

SHC 600H

23 Mar 2012

Page: _____ Date: _____

Estimated Cost: _____

CD/TP/WS/TP/RES CD/RES/TP/WS/TP/RES

To inspect Vehicle No: _____

at / by whom: _____

of: _____

Insured: SKH 1597R

Policy No: 5095734772 09-11-2017

Claims No: M7/0983812-001

Sum Insured: _____ Express: _____

Claims Record: _____

Make of Vehicle: _____

Policy Condition

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

NS	OS

Ball or Market Value: _____

DAD Accident Report: _____ Consistent? Yes or No

GIA / PP Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Repair: Yes or No

Sum Surp: _____ % 3 / 4th Yes or No

QA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Time: SHC 600H 23 Mar 2012
Type: Motor Cycle Bus Van Car Truck Other

Truck Trailer: _____

Make: Hyundai Santa Fe 1999

Colour: Yellow 40 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

So Reading: 269576 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

Eng No: _____

C No: 1KMHET41VA19822120

Gen. Cond. Good / 6 / Poor / Burnt

Steering: Incl 6 / Jammed / Leaked / Burnt or

Brake: Incl 6 / Jammed / Leaked / Burnt or

Mod: NM / SR / RM / STD / Other or

Tyre Size: 215 / 60 R16

BS / DUN EXNOVA / GY / FS LIZA / MIO / ORTSU / RIR / SUMI

TOYO / YOKO or Hankook

Front: 7 Rear: 7

R.Bel: 7 L.Bel: 7

D.O.A. 1/2/18 D.O.A. 5/2/18

Survey report: COKE (6m)

Des. of Damages: Front / Rear / OS / NS / UO / Roof-top or

Rem

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

Date Time Action / Instruction

SHC 600H - 23/03/12 16:02:15 / 11/12/12

SKH 1597R - 03/03/17 00:47:63 / 11/12/12

DOI: 081116 ZMC

DOI: 070317 413

23/12/18 Contact 45 \$450/ 2 days (Red: 1942.02 : 810/6)

RECEIVED 30 March 2018

Date Time File Passed: ☐ : Prelim. Report

613 Typist

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee

Transaction

Add Fee: ☐

Steering: \$

Brake: \$

Tyre: \$

Report Form: TP

450

160
35
105




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/INC18002272/K1tb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 05-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKH 1597R	Veh. Inspected	SHC 600H	
Policy No.	5095734772	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	05/02/2018	
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	01/02/2018	Inspection Date	05/02/2018	
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

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

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"/>	5095734772	JAG LIMO SERVICE'S	53263200A	GFT	drivo CLASSIC	SKH1597R	SKH1597R	09/11/2017	

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO 305113194

TOMER
VS CITYCAB PTE LTD
TOMER NO 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
(R) (O)
(P)
COUNT CARD NO.

NTUC

REGN NO. SHC 600H	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 01.02.2018 21:10
YR OF MANU 23.03.2012	TARGET DATE
CHASSIS CODE KMHE141VMCA822120	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.02.2018
NATURE: 3P 01.02.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SHC 600H	LARRY	Vehicle No.: SHC 600H	
Signature/Date		Date	
Returned 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 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	03/02/2018 08:13
Date Of Accident	01/02/2018 21:10
Exact Location Of Accident	CHONG PANG MARKET 101 YISHUN AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC600H
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	SONATA

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	WONG KOK CHUAN
NRIC No	S7809936D
Date Of Birth	12/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	KELWONG135@YAHOO.COM.SG

Address	104C 06-527 CANBERRA STREET
Postcode	753104
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

SEE ATTACH.(REAR LEFT TO REAR)

Attachment(s)

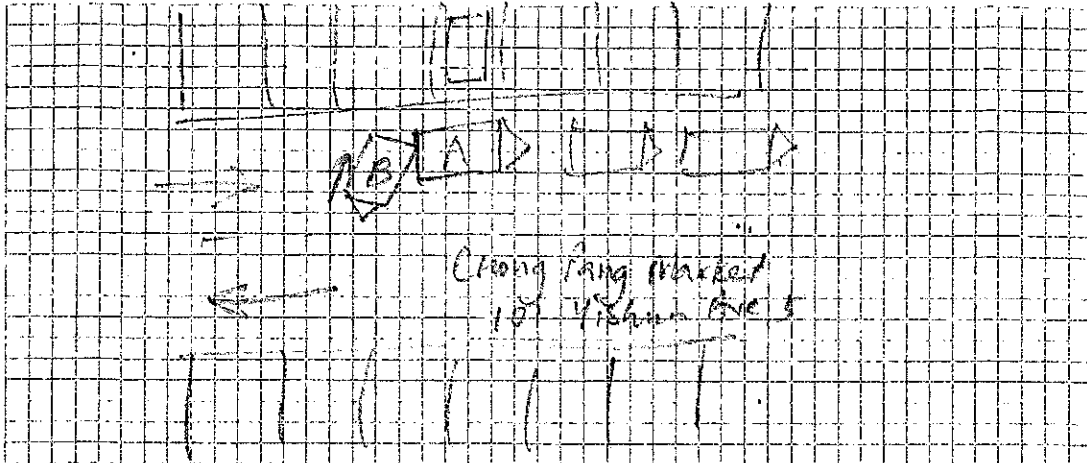
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH1597R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMAL BIN SAHAT
NRIC/Passport Number	S1636096A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) 94C600H

B) SKH1597R

On 1/2/18 at about 2110pm while I Veh A was stationary because vehicles in front ^{that} A stopped in the traffic congestion ahead. Veh B collided on the rear of my vehicle.

DECLARATION

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

[Signature]
R. Wootton
CSC
2/2/18

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
Date & Time:

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:

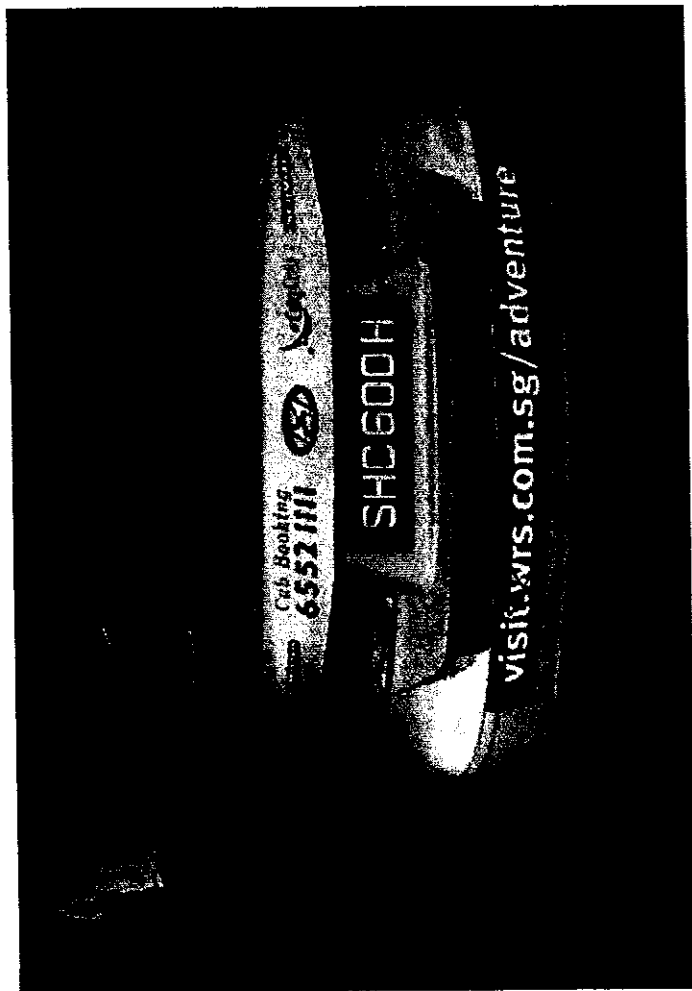
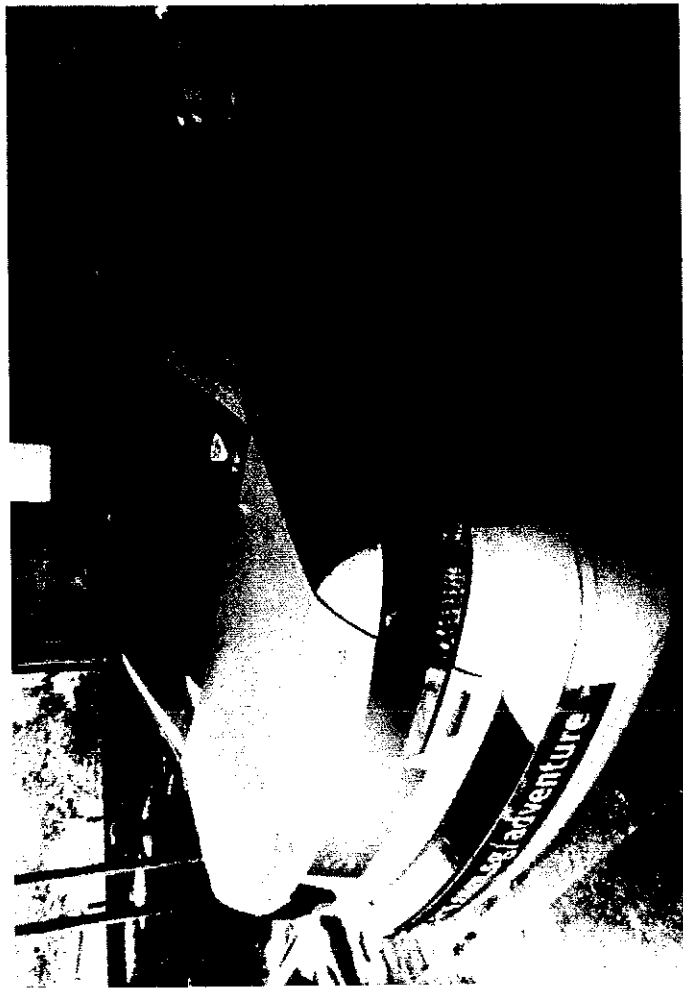
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

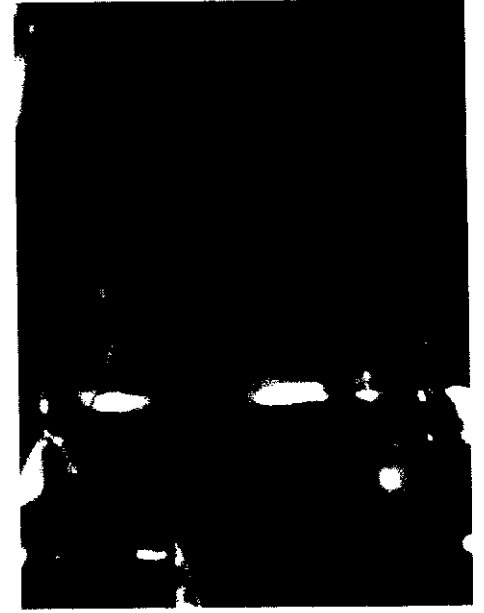
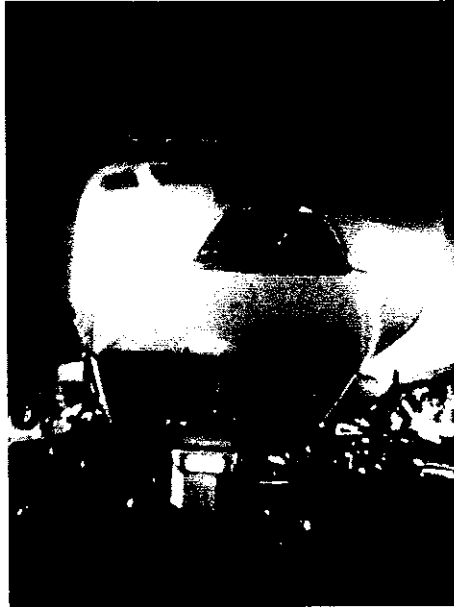
Policyholder's Signature
Date & Time:

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

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

S R Moorthy
CSO





COMFORTDELGRO ENGINEERING

Our Job Ref No . 305113194

Date : 07/02/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 600H

Date of Accident: 01/02/18

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

1. The repair job shall bill to: NTUC SKH1597R

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: \$450.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 23/2/18

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:

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 600H

DATE 3/2/2018 10:22

MAKE :

MODEL : HYUNDAI SONATA

LKK/Kalvin

4Sum

Larry

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X su</i>			\$ 483.30
	Rear Bumper Clip <i>X "</i>			\$ 22.00
	Rear Bumper Sponge <i>X su</i>			\$ 137.40
	Rear Bumper Under Cover <i>X su</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X su</i>		\$ 38.00	\$ 76.00
SUB TOTAL				\$ 1,482.90
LESS 20%				\$ 296.58
DISCOUNTED TOTAL				\$ 1,186.32
	Rear Bumper Reverse Sensor <i>X "</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>— ML</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>— ML</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>— ML</i>		\$ 100.00	\$ 200.00
				\$ 435.70
Labour Charge				
	Panel Beating			\$ 350.00 ¹⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	Wiring Charge			\$ 50.00 ^{X "}
	Towing Fees			\$ 50.00 ^{X "}
	Remove/Refix Reverse Sensor			\$ 120.00 ^{X "}
TOTAL LABOUR				\$ 770.00
ESTIMATE TOTAL				\$ 2,392.02
<p><i>Kalvin</i> <i>11 5/2/18 1200 hrs.</i> <i>2 Pys</i> <i>4s</i> <i>After Repair plz</i></p>				
<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 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 <p>Acknowledged by Repairer Signature: Date:</p>				
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

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

Thatcham *escribe*

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002272/K1tbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 09-03-2018	
Code: INC4				
1. Policy Particulars - THIRD PARTY CLAIM				
Insured Veh.	SKH 1597R	Veh. Inspected	SHC 600H	
Policy No.	5095734772	Coverage (\$)	0.00	
Claim No.	MT/0983812-001	Excess (\$)	0.00	
Assign From		Assign Date	05/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA822120	Colour	YELLOW	
Odometer	269576	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	HANKOOK	7 mm	
L/H Front Tyre	215/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/02/2018	Inspection Date	05/02/2018	
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. SHC 600H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR	578.40	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
1	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
	LESS 20% DISCOUNT		-296.58	-
			1,186.32	-
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	300.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		570.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			770.00	280.00
GRAND TOTAL			2,392.02	580.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				450.00

Report Ref No. NS/INC18002272/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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