

Name: Kalvin

REF:

NS/ZNC18006721/Klvbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work Shop m/s _____

of _____

Insured: SLH 294J

Policy No: 5095 767217 10.11.17 - 09.11.18

Claims No: MT/0989792-002

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: SHC 7658X Yr Regn: 20 Jan, 2012

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

Truck / Trailer or

Make: Hyundai Santa Fe c.c. 1991

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

Sp. Reading: 761584 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHE741VMCA P21482

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 Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Haruka

Front R/Bal. 7 mm

Rear R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 10/4/18 D.O.I. 11/4/18

Survey held at CDGE (Loyang)

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

No P.S.

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

Date / Time Action / Instruction

SHC 7658X - (SS / F/15019909 / Gtbz) RA: 191113 JNL

SLH 294J - X 45

17/4/18 Total 45 \$1700 / 3 hrs (Red 1202.36, H19)

RECEIVED 18 APR 2018

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

1) _____

Date/Time, File Return to?

2) 18/4 - typist

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

160
35
195

TP

LS \$1700/p



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/INC18006721/K1vb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 11-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLH 294J	Veh. Inspected	SHC 7658X
Policy No.	5095767217	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/04/2018
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	10/04/2018	Inspection Date	11/04/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0989792-002	CITYCAB PTE LTD	SHC 7658X	SLH 294J	10/04/2018	\$ 2,902.36	\$ 1,700.00
2	MT/0990902-001	COMFORT TRANSPORTATION	SHA 7779R	XE 3536R	11/04/2018	\$ 1,234.40	\$ 700.00
3	MT/0990764-001	COMFORT TRANSPORTATION	SH 9057K	SUJ 3895T	04/04/2018	\$ 1,150.00	\$ 700.00
4	MT/0990087-002	COMFORT TRANSPORTATION	SHA 3114K	XD 5433X	12/04/2018	\$ 6,436.52	\$ 3,300.00
5	MT/0990069-002	COMFORT TRANSPORTATION	SHC 8117J	SIH 9238L	10/04/2018	\$ 2,797.84	\$ 700.00
6	MT/0990905-001	CITYCAB PTE LTD	SHC 7197J	YN 9016B	10/04/2018	\$ 6,241.52	\$ 4,156.00
7	MT/0984495-002	SMRT TAXIS	SHB 907D	SIG 1473G	01/03/2018	\$ 16,244.92	\$ 4,300.00

Claim received from LKK Auto

eBaoTech

General Claim

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 checked="" type="radio"/>	5095767217	TAN WEI YEN	S8738172B	GPC	drive PREMIUM	SLH294J	SLH294J	10/11/2017	09/11/2018

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	10/04/2018 15:28
Date Of Accident	10/04/2018 11:25
Exact Location Of Accident	TANJONG PAGAR RD X LIM TECK KIM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7658X
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-2.0 (A)
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	TAY THYE LOO @ POH THYE LOO
NRIC No	S6817823A
Date Of Birth	12/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	TAYTHYELOO@GMAIL.COM

Address BLK 605 YISHUN STREET 61
 #10-315
 Postcode 760605
 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 2
 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) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

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 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 SLH294J
 Vehicle Make/Model/Colour MERCEDES
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN WEI YEN
 NRIC/Passport Number S8738172B
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

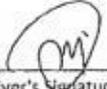
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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.:

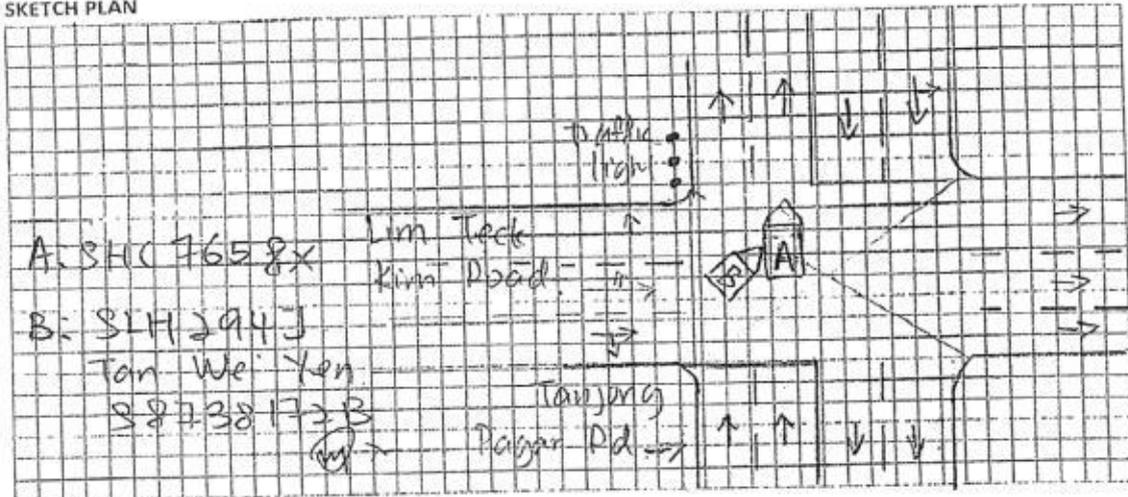
10/4/18

GIA/ASC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/4/18 at about 11:25 hrs,
 I was driving on the second lane from left along
 Tanjung Pagar road across the junction of
 Lim Teck Kim road.

While I was about enter another side road,
 my taxi gradually comes to stop for give way to a
 car cut into my lane. At the same time, I felt an
 impact come from my left hand side. There is a
 car SLH 294J collided onto the left rear portion
 of my taxi.

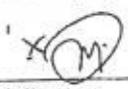
01 female passenger on board my taxi
 No injury at the point of accident.

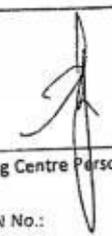
DECLARATION

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

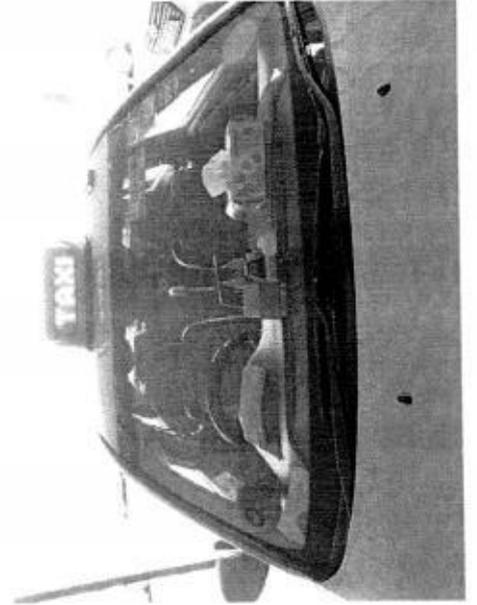
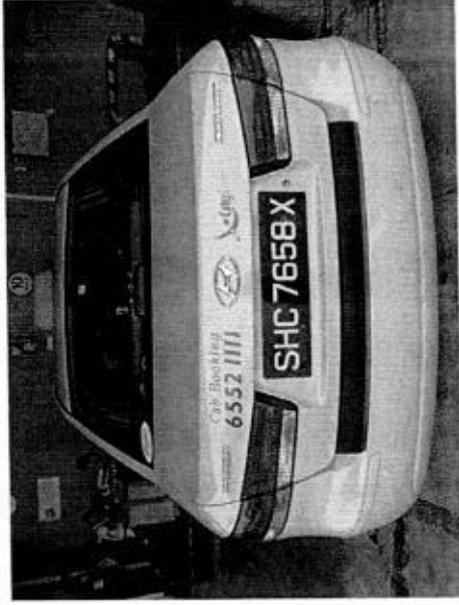
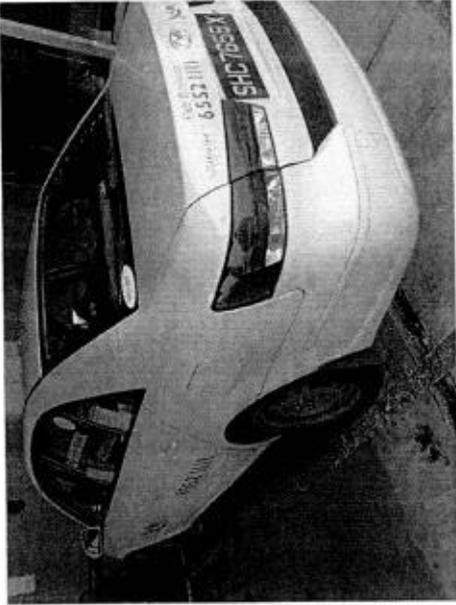
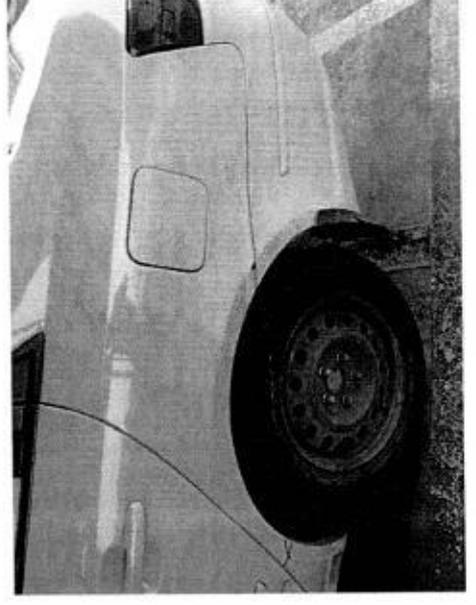
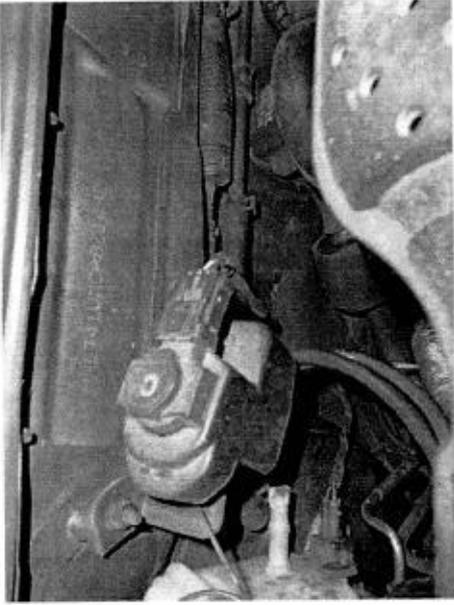
CITYCAB PTE LTD
 CO. REG. NO. 199502839G

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.:

10/4/18



am: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305140535

OMER IS CITYCAB PTE LTD OMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (P) 65551188 (O) (P)	REGN NO. SHC7658X	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 10.04.2018 14:25
	YR OF MANU. 20.01.2012	TARGET DATE
	CHASSIS CODE KMHE141VMCA821482	COMPLETION DATE/TIME

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.04.2018
 NATURE: 3P 10.04.18

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

PACKED & PASSED OUT BY: _____

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Acknowledgement Slip No.: SHC7658X JU NTUC LKK	Exit Pass Vehicle No.: SHC7658X
_____ Signature/Date	_____ Name of Service Advisor _____ Date
Returned to Service Reception upon collection	To be kept by Security Guard

CITY CAB PTE LTD

VEHICLE NO : SHC 7658X

DATE 10/4/2018 17:04

NTUC
LKK

MAKE :

MODEL : HYUNDAI SONATA

Jumani

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (LH) — <i>dat</i>			\$ 1,294.70	
	Rear Door Protector(LH) — <i>on</i>			\$ 54.50	
	Rear Wheel Hub-Cap (LH) <i>x see</i>			\$ 145.00	
	<i>Rear Fender (LH) x see</i>				
	<i>Rear Bumper x see</i>				
	SUB TOTAL			\$ 1,494.20	
	LESS 20% DISCOUNTED TOTAL			\$ 298.84	
				\$ 1,195.36	
	Rear Bumper Rubber Mat — <i>me</i>			\$ 50.00	Nett
	Rear Door Tel No. Sticker (LH) — <i>me</i>			\$ 10.00	Nett
	Rear Tyre (LH) <i>x see</i>			\$ 207.00	Nett
				\$ 267.00	
	Labour Charge				
	Panel Beating- Repair Rear Bumper/Rear LH Fender			\$ 400.00 <i>300</i>	
	Spray Painting Charge			\$ 750.00 <i>600</i>	
	Tuff Kote			\$ 50.00 <i>20</i>	
	Transfer of Door			\$ 120.00 <i>50</i>	
	Rear Wheel Alignment			\$ 120.00 <i>x see</i>	
	TOTAL LABOUR			\$ 1,440.00	
	ESTIMATE TOTAL			\$ 2,902.36	
	<i>Kalin LKK</i>				
	<i>11/4/18 10:56</i>				
	<i>3 Rp</i>				
	<i>45</i>				
	<i>After Rep't pL</i>				
	<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>				
	<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.</p>				

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305140535

Date : 13/04/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7658X

Date of Accident : 10/04/18

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

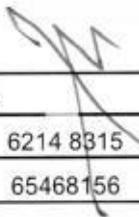
1. The repair job shall bill to: NTUC --- SLH 294J
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% **\$1,700.00**
Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 3 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Calvin
Date : 17/4/18

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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/INC18006721/K1vbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 20-04-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLH 294J	Veh. Inspected	SHC 7658X
Policy No.	5095767217	Coverage (\$)	0.00
Claim No.	MT/0989792-002	Excess (\$)	0.00
Assign From		Assign Date	11/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA821482	Colour	YELLOW
Odometer	761584	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
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 N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	10/04/2018	Inspection Date	11/04/2018
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:		3 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 7658X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (LH)	DENTED	1,294.70	1,294.70
1	REAR DOOR PROTECTOR (LH)	CRACKED	54.50	54.50
1	REAR WHEEL HUP-CAP (LH)	SERVICEABLE	145.00	-
1	REAR FENDER (LH)(NPA)	TO REPAIR	-	-
1	REAR BUMPER (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-298.84	-269.84
			1,195.36	1,079.36
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR DOOR TEL NO STICKER (LH)(SN)	NECESSARY	10.00	10.00
1	REAR TYRE (LH)(SN)	SERVICEABLE	207.00	-
			267.00	60.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		640.00	350.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		800.00	620.00
			1,440.00	970.00
GRAND TOTAL			2,902.36	2,109.36
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,700.00

Report Ref No. NS/INC18006721/K1vbn2

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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