

ASS. REC. BY:

REF:

CS3/EC118007202/GZ4657

Special Instruction:

SURVAYOR

GB

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

E67

Date/Time:

18042018 1049am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBK 6673L

Insured:

GBA 863Y

at Workshop m/s

Tel:

8380 2233

of

Blk 8 Kaki Bukit Ave 4 #03-35

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10042018

(Client's Record)

9843 1413 - Peter

CA / REV / REP. / REV 24 HRS w/p

H.O.D. Endorsement:

Date/Time:

18042018 14pm

Person Contacted:

Jacky

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate	
	FBK 6673L - NA/DAL18006768/hh	DA: 10042018
	GBA 863Y - CS/TM13017314/Ygbk3	DA: 040913
23/4/18	Dismantled	
2/5/18	After Repair	

Moto S1

REF: EG i

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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.

N/S	O/S		

Bal. or Market Value:			
IDAC Accident Report:		Consistent?	Yes or No
GIA / PR Seen:		Consistent?	Yes or No
Est. Repairs:	3	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: **FBK 6673L** Yr Regn: **15**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or
Make: Harley-Davidson C.C. 883
Colour Green A/C. Insured / Std / NI / NA
Sp. Reading 009159 T/Radio: Insured / Std / NI / NA

Eng/No: _____
C/No: 5HP4LE2C26C40112
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 A/Rim or _____

Tyre Size: F: 80/90-21
R: 150/80R16

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u> </u> mm	L/Bal. <u> </u> mm
P.O.A. <u> </u>	P.O.I. <u>18-04-10</u>

Survey held at: W/S 2:30pm
Des. of Damages: Frt / Rear / W/S / N/S / U/C / Rooftop or

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

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

Date / Time	Action / Instruction
-------------	----------------------

Estimated repair range \$3,200 - \$4,000

21/6/18 Submit PRS Report.

20/6/2018

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

15

Date/Time, File Return to?

21

Add Fee: : Site Insp (\$☐ Site Insp (\$
$$) \quad S + RS \rightarrow S$$

Interview (S

Photos:

Tech. Invs (\$

Weekend (\$)

Report Format :

Lump Sum / I.B.I.: (\$

TOTAL

Catherine Chong (LKK Auto)

From: Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>
Sent: Wednesday, 18 April, 2018 10:49 AM
To: 'admin-d@lkkauto.com'
Subject: OI : GBA863Y / TP : FBK6673L/LKK / DOA : 10/04/2018
Attachments: FBK6673L - PRI NOTICE.pdf

Dear Catherine,

We have rejected to their PRS list, please assist to conduct this survey from **BENEDICT CHAN & COMPANY**,

ADDRESS : BLK 8 KAKI BUKIT AVE 4
#03-35 PREMIERE @ KAKI BUKIT
SINGAPORE 415875

PERSON TO CONTACT : JACKY SIAH @ 8380 2233

ERGO OFFICER-IN-CHARGE : STEVE LIM

Note: To survey on without prejudice basis. Please note that our insured/insured driver has yet to e-file their SAS for this accident. Obtain estimate and advise the consistency of damages to third party vehicle that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.

Please update the survey status via Survey.Report@ergo.com.sg.

Kindly acknowledge receipt of this email.

Thank you.

Yee Pei Li

Claims Assistant (Motor)
ERGO Insurance Pte. Ltd.
5 Temasek Boulevard
#04-01 Suntec Tower Five
Singapore 038985
Tel.: 65 6829 9199 DID: 65 6829 9194
Website: www.ergo.com.sg

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

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	12/04/2018 15:29
Date Of Accident	10/04/2018 18:00
Exact Location Of Accident	KAKI BUKIT RD 4 OUTSIDE SYNERGY KAKI BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6673L
Insured/Policyholder	
Name Of Registered Owner	NG, MATTHEW
NRIC No	S9225720G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91015447
Alternative Phone No	OFFICE-91015447

Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	IRON 883
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	MOTORCYCLE

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00443371
Cover Note Number	-

Driver

Name of Driver	NG, MATTHEW
NRIC No	S9225720G
Date Of Birth	20/07/1992
Occupation	INDOOR
Date Of Driving Pass	28/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91015447
Fax Number	
Contact Number	OFFICE-91015447
Email Address	NOEMAIL

Address	BLK 247 BUKIT BATOK EAST AVE 5 #11-88
Postcode	650247
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	GBA863Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJENDRAN SEKAR
NRIC/Passport Number	G8316618K
Contact Number	83581961
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG MATTHEW

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK6673L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident 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:

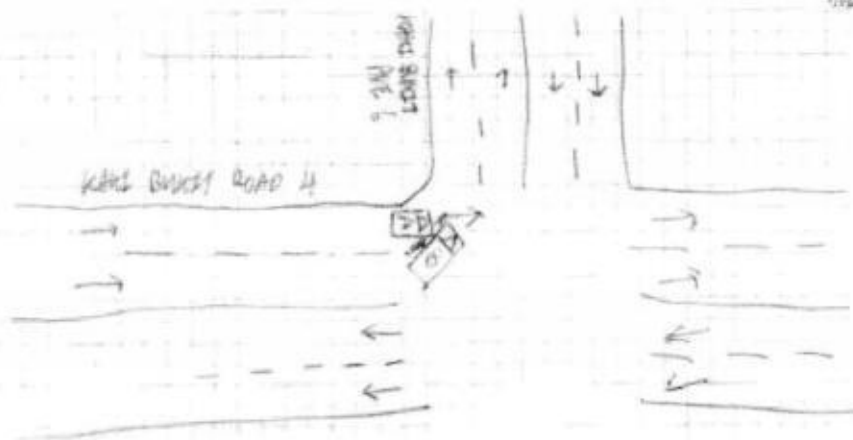

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

A - FBX 6673L
B - GBA 863 Y.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Kaze Buzet Road 4 on the now left lane of a 2 lane road carriage way. Suddenly veh (B) appeared on my right making a left turn and collided into my right portion of my vehicle while I was riding straight towards bear reservoir road.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180411/2154

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No: T/20180411/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 19:36		Vide Report No.: T/20180410/2176		Station Diary No.: 86	
Informant's Particulars					
Name of Informant: MATTHEW NG WENZONG			Address: APT BLK 247 BUKIT BATOK EAST AVENUE 5 #11-88 SINGAPORE 650247		
ID Type / ID No.: NRIC NO / S9225720G			Contact No.: Home/Office:		Mobile: 91015447
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 20/07/1992	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Technical Supervisor			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2018 18:00	Type of Location:
Location: Along Road 1 KAKI BUKIT ROAD 4 OUTSIDE SYNERGY KAKI BUKIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6673L	Motorcycle	HARLEY DAVIDSON	IRON 883	Green	Seriously Damaged	0
GBA863Y	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6673L	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00443371	29/12/2017	28/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180411/2154

2 of 3

Report No. T/20180411/2154

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MATTHEW NG WENZONG	ID No.	S9225720G
Related Vehicle	FBK6673L (Motorcycle)	Contact No.	91015447
Hospital/Clinic	FIRST LIGHT FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2018	Date Discharge	10/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	RAJENDRAN SEKAR	ID No.	G8316618K
Related Vehicle	GBA863Y (Lorry)	Contact No.	83581961
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 13/05/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

With reference to report T/20180410/2176, I wish to amend that I was traveling on the left beside the lorry bearing the registration plate number of GBA863Y, prior to the collision between the lorry and the motorcycle I was riding on. I was riding on the left lane while the lorry was traveling on the middle of the two lanes on the carriageway.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180411/2154

3 of 3

Report No. T/20180411/2154

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

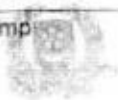
Signature Of Officer Recording The Report:

J /
ANG JUN MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168



Police Force

Signature Of Informant:

Date/Time:
11/04/2018 19:36

Classification Of Case:

SN 114

> [Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	FBK6673L		
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped		
Vehicle Attachment 1 :	No Attachment		
Vehicle Scheme :	Normal		
Vehicle Make :	HARLEY DAVIDSON		
Vehicle Model :	IRON 883		
Chassis No. :	5HD4LE2C2GC401112		
Propellant :	Petrol		
Engine No. :	LE2G401112		
Engine Capacity :	883 cc		
Maximum Power Output :	-		
Maximum Laden Weight :	454 kg		
Unladen Weight :	256 kg		
Year Of Manufacture :	2015		
Original Registration Date :	14 Dec 2015		
Lifespan Expiry Date :	-		
COE Category :	D - Motorcycle		
Quota Premium :	\$6,502.00		
COE Expiry Date :	13 Dec 2025		
Road Tax Expiry Date :	13 Dec 2018		
Inspection Due Date :	13 Dec 2018		
Intended Transfer Date :	19 Jun 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK

Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5720G
Vehicle Details	
Vehicle No.:	FBK6673L
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jun 2018
Vehicle Make:	HARLEY DAVIDSON
Vehicle Model:	IRON 883
Primary Colour:	Green
Manufacturing Year:	2015
Engine No.:	LE2G401112
Chassis No.:	5HD4LE2C2GC401112
Maximum Power Output:	-
Open Market Value:	\$8,718.00
Original Registration Date:	14 Dec 2015
First Registration Date:	14 Dec 2015
Transfer Count:	2
Actual ARF Paid:	\$1,308.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2025
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$6,502.00
COE Rebate Amount:	\$4,864.00
Total Rebate Amount:	\$4,864.00

The information contained herein is correct as at 19 Jun 2018

OK




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			
ERGO INSURANCE PTE LTD		Ref: CS3/EG118007202/Gz4bs2	
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER		Date: 22-06-2018	
FIVESINGAPORE 038985		Code: EGI	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	GBA 863Y	Veh. Inspected	FBK 6673L
Policy No.		Coverage (\$)	0.00
Claim No.	DSMCV1800803	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	18/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HARLEY DAVIDSON	c.c	883
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	5HD4LE2C2GC401112	Colour	GREEN
Odometer	009159 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	80/90-21	MICHELIN	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	150/80 R16	MICHELIN	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S PORTION.			
5. General Information			
Accident Date	10/04/2018	Inspect Date / Time	18/04/2018 (02:30 PM)
Survey held at	8 KAKI BUKIT AVE 4 #03-35		
Repairer	-		
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 \$3,200- \$4,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

Report Ref No. CS3/EG118007202/Gz4bs2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, 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 replying on this Report, in whole or in part, does so at his or her own risk.