

NA2

REF:

NS/INC18007408/Nrbn2

Janice

Ntuc

L/S

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

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

at Workshop No: \_\_\_\_\_

of \_\_\_\_\_

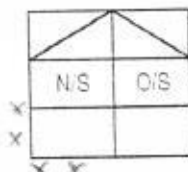
Insured: **GHC 6794S**Policy No: **5095103893** **20.10.2017**Claims No: **MT10991056-002**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAO 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

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

Vehicle: IN / OUT

Veh No: **SH 6314M** Regn: **19 APR 2012**Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover

Truck / Trailer or

Make: **Hyundai** **SANMA** **1991**Colour: **BLUE** A/C Insured / Std / Nil / NASp. Reading: **406,828** Radio Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C.No: **KMHET4IVMC822744**Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: **215/60 R16**R: **215/60 R16**

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

TOYO / YOKO or **WESTLAKE**

Front

Rear

R.Bal: **4** mm R.Bal: **4** mmL.Bal: **4** mm L.Bal: **4** mmD.O.A: **19/4/18** D.O.I: **20/4/18**Survey held at: **CDGE LOYANG**

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

**N/S REAR**

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

Date / Time Action / Instruction

SH 6314M - CC4 / 17009271 / R116392

GHC 6794S - CC3 / 1716003523 / H116392

DUT: 100517

DUT: 200216

Ntuc

L/S

25/4/18 FINALIZED LUMP SUM \$1450.00 / 2 DAYS.  
Red: \$1308.60; 471.

RECEIVED 26 APR 2018

Date/Time File Pass to:



Prel. Report



Final Report

Date/Time File Return to:

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee

Transporter

Add Fee:



Site Insp



Inter. Insp



Tech. Insp



Video Insp

Report Format:

**TP**

Lump Sum / I.E.:

**1450.00**



## 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/INC18007408/Nrb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-04-2018  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6794S	Veh. Inspected	SH 6314M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/04/2018

### 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	19/04/2018	Inspection Date	20/04/2018
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.
--

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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6794S	SHC6794S	20/10/2017	

[Continue](#)

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0991171-002	Comfort Transportation	SHC 1863J	SLK 8879D	20/4/2018
2	MT/0991056-002	Comfort Transportation	SH 6314M	SHC 6794S	19/4/2018
3	MT/0991265-002	Comfort Transportation	SHA 7627X	SLS 1369M	21/4/2018
4	MT/0991375-002	Comfort Transportation	SHC 2164L	SJE 68K	21/4/2018
5	MT/0991583-002	Comfort Transportation	SHA 5984C	SFZ 1009L	21/4/2018
6	MT/0991278-002	Comfort Transportation	SH 6746A	SKW 2592T	21/4/2018
7	MT/0991262-002	Comfort Transportation	SHC 3572K	GBG 8101D	20/4/2018
8	MT/0991924-001	Comfort Transportation	SHD 4138U	SGY 5128T	19/4/2018
9	MT/0991927-001	Comfort Transportation	SHA 3460K	FQ 2735P	22/4/2018
10	MT/0991206-002	Comfort Transportation	SHD 3440C	GY 734B	20/4/2018

## 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	19/04/2018 15:09
Date Of Accident	19/04/2018 12:40
Exact Location Of Accident	ARAB ST JUNCTION OF QUEEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6314M
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
<b>Driver</b>	
Name of Driver	HO NAI PHOCK
NRIC No	S0359926D
Date Of Birth	02/09/1950
Occupation	OUTDOOR
Date Of Driving Pass	28/07/1971
Driving Experience	46 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	HNP39630@GMAIL.COM

Address	BLK 660C JURONG WEST STREET 64 #13-364
Postcode	643660
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	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	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)	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 ATTACHED

#### 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	SHC6794S
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH 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.
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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)**

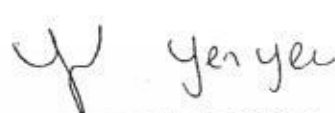
I understand, acknowledge, agree and consent that:

- (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  
CO. REG. NO. 199303821R

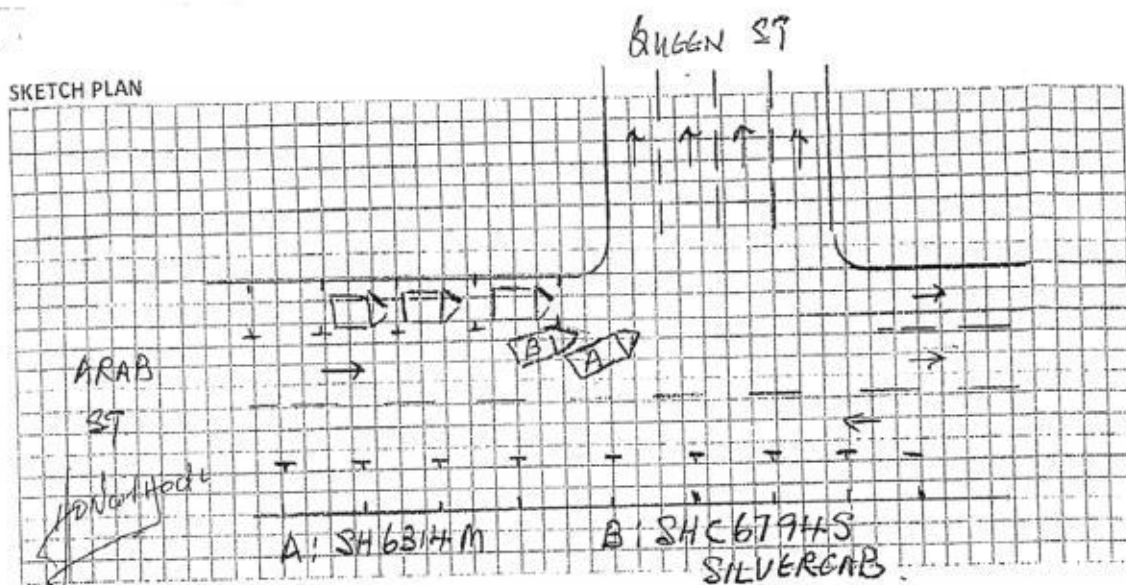
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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.:

19/04/18



# Sketch Plan Pg. 3

Describe Circumstances of the Accident.
On 19 Apr 2018 at about 12:40 hrs I was driving straight on a single lane two way road along Arab St heading towards the direction of Queen St.
As I approached the junction of Queen St I reduced my taxi speed at the same time I switched on my left hand signal lights to alert other road users of my intention to turn left.
Upon reaching the junction I further reduced my taxi speed to negotiate the left turn towards Queen St. At the point of turning left suddenly I felt an impact coming from the left hand side rear door of my taxi followed by a jerk.
Shortly after I stopped my taxi and stepped out to check. Found that a Silvercab taxi SH6314M had come from my left rear squeezed through a small gap between my taxi and a parked vehicle attempting to make a left turn towards Queen St thus causing this accident to happen.
In the process the right hand side front of the said taxi hit and grazed the left hand side rear door towards the left hand side front door of my taxi.
No passenger on board my taxi. No injury at the point of the accident.
Enclosed is a video footage to support my claims.

## Declaration

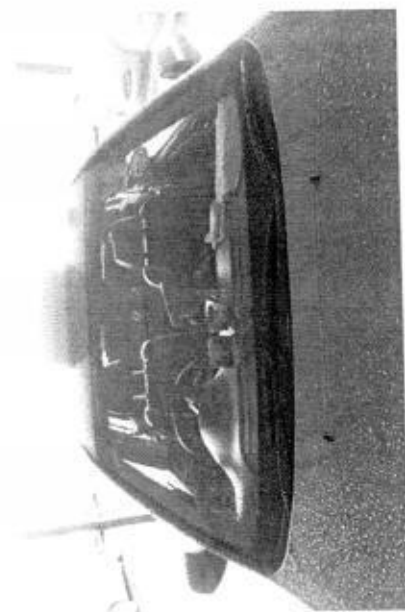
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



Date/Time: 19.04.2018 16:40 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: JC NO 305143757

CUSTOMER RMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SH 6314M	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 19.04.2018 13:30
	YR OF MANU. 19.04.2012	TARGET DATE
	CHASSIS CODE RMHET41VMCA822744	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.04.2018  
NATURE: 3P 19.04.2018

S/N	LABOR CODE	DESCRIPTION
	NTUC - taxi	Left Centre damage
	LRR	

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Acknowledgement Slip		Exit Pass	
Vehicle No.: SH 6314M	LARRY	Vehicle No.: SH 6314M	
Signature/Date		Name of Service Advisor	Date
To be returned to Service Reception upon collection		To be kept by Security Guard	

Larry Ng

## COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SH 6314M

DATE 20/4/2018 10:04

MAKE :

MODEL : HYUNDAI SONATA

DOA: 19.04.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH)			\$ 1,294.70
	Rear Door Trim Board (LH)			\$ 855.30
	Rear Door Protector(LH)			\$ 54.50
	<b>SUB TOTAL</b>			<b>\$ 2,204.50</b>
	<b>LESS 20%</b>			<b>\$ 440.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,763.60</b>
	Front Door Coloured Comfort Logo (LH)			\$ 75.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 250.00
	Spray Painting Charge-2 Doors			\$ 500.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 920.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,758.60</b>

dent - 12  
 300000  
 X not any  
 broken

Nett / net

200  
 400  
 X  
 50

NA2  
 LXX 20/4/18 1245  
 L/S  
 2 days

Larry Ng

LKK Auto Consultants hence notify the Repairer of the following:

- 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

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.

## COMFORTDELGRO ENGINEERING

Our Job Ref No . 305143757

Date : 25. Apr. 2018

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

### FINALIZATION FORM

To : LKK

Fax :

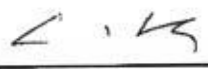
Attn : NAZ


Vehicle Reg No. : SH 6314M

Date of Accident: 19.04.18

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

1. The repair job shall bill to: NTUC SHC6794S(Premier)
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:   
Final Lumpsum Repair cost \$1,450.00
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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : NAZ  
Date : 25/4/18

### 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

## 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/INC18007408/Nrbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-05-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6794S	Veh. Inspected	SH 6314M
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0991056-002	Excess (\$)	0.00
Assign From		Assign Date	20/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA822744	Colour	BLUE
Odometer	406828	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	WEST LAKE	4 mm
L/H Front Tyre	215/60 R16	WEST LAKE	4 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	4 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	4 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	19/04/2018	Inspection Date	20/04/2018
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:	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. SH 6314M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR DOOR (LH)	DENTED	1,294.70	1,294.70
1	REAR DOOR TRIM BOARD (LH)	SERVICEABLE	855.30	-
1	REAR DOOR PROTECTOR (LH)	BROKEN	54.50	54.50
	LESS 20% DISCOUNT		-440.90	-269.84
			1,763.60	1,079.36
<b>SPECIAL NETT ITEMS</b>				
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
			75.00	75.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		370.00	250.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
			920.00	650.00
<b>GRAND TOTAL</b>			<b>2,758.60</b>	<b>1,804.36</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,450.00</b>

Report Ref No. NS/INC18007408/Nrbn2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

K.K.LAU CPT(RET)

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