

03/11/12

Surge M: Kalvin

REF:

NS/INC18007663/K/V602

# ASSIGNMENT

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

Estimate ☒ Cost

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

To Insp ☒ Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: XD 8343C

Policy No: 507609 0997 - 02 01012018

Claims No: MT 0991797 - 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

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

Vehicle: IN / OUT

Veh No: SHC 77186

Yr Regn: 16 Feb 2012

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

Truck / Trailer or

Make: Hyundai

c.c. 1991

Colour: Y/G

A/C: Insured / Std / NI / NA

Sp. Reading: 222069

T/Radio: Insured / Std / NI / NA

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

C/No: KM HETXIVME821799

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 25/60R16

R: \_\_\_\_\_

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

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 24/4/8

D.O.I. 25/4/8

Survey held at

CDGE (Loyang)

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

o/s B/L

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

Date / Time	Action / Instruction
	SHC 77186 - CS/60218005837/K/V6
	XD 8343C - X
27/4/8	Cultural 45 \$1700/3 Pys. (Red 1863-60, 529)
	RECEIVED 30 APR 2018

Date/Time, File Passb?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 30/4 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Other (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Other

160
35
195

Date/Time, File Return to?

TP

LS \$1700/2



## 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/INC18007663/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-04-2018

189556



Code: INC4

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

Insured Veh.	XD 8343C	Veh. Inspected	SHC 7718G
Policy No.	5076090997-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/04/2018

### 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

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### 5. General Information

Accident Date	24/04/2018	Inspection Date	25/04/2018
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.
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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
1	MT/0992340-001	Comfort Transportation	SHA 5617M	EM 3928B	26/4/2018
2	MT/0992344-001	Comfort Transportation	SH 6997S	SJL 3515E	26/4/2018
3	MT/0986118-002	SMRT BUSES LTD	SMB 148T	SJM 5462E	12/3/2018
4	MT/0991797-002	CityCab	SHC 7718G	XD 8343C	24/4/2018
5	MT/0986118-002	SMRT BUSES LTD	SMB 148T	SJM 5462E	12/3/2018
6	MT/0992112-002	Comfort Transportation	SH8003Y	FBK 528M	26/4/2018
7	MT/0992351-001	Comfort Transportation	SH 6751J	GY 4005X	23/4/2018

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

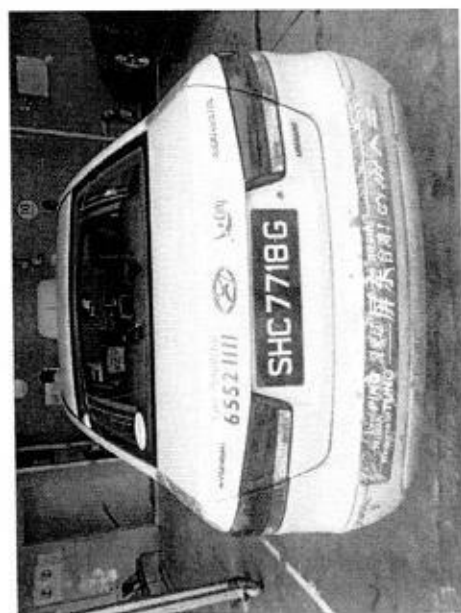
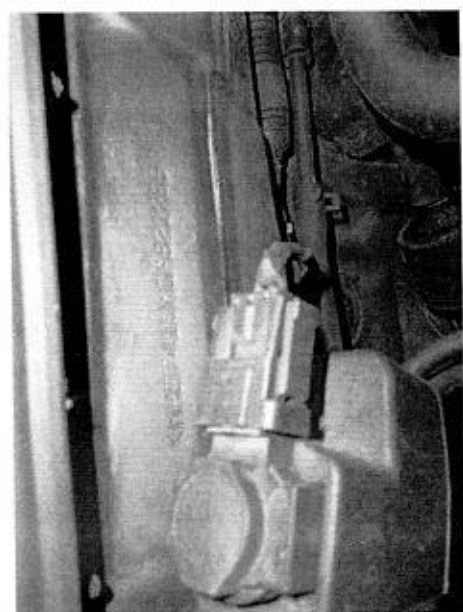
[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## 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 type="checkbox"/>	5076090997-02	800 SUPER WASTE MANAGEMENT PTE LTD	198601155H	GFT	Comprehensive	XD8343C	XD8343C	01/01/2018	



## 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	24/04/2018 14:12
Date Of Accident	24/04/2018 07:35
Exact Location Of Accident	LORNIE ROAD TWDS ADAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7718G
<b>Insured/Policyholder</b>	
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
<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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	YEO SEE CHONG
NRIC No	S7102427Z
Date Of Birth	15/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1994
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SEECHONGYEO@YAHOO.COM

Address	BLK 622B PUNGGOL CENTRAL #12-270
Postcode	822622
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	RAINING
Road Surface	WET

#### 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: : MALE

#### 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	XD8343C
Vehicle Make/Model/Colour	TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SATHIA MURTHY A/L PAIDYYA
NRIC/Passport Number	G7349371X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT

No. Of Passenger (Including Driver)



**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.

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.:



# Sketch Plan Pg. 2

## SKETCH PLAN



A) SHC 778G

B) XD8343C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/4/18 at about 0735hrs while I Veh A was driving along the merging lane ahead of Veh B that was on the right side of the same lane. Veh B collided on the right rear door portion of my vehicle.

## 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.:

GIAR/AC SketchPlanForm\_V3

Date/Time: 24.04.2018 15:49

Page : 1

**JOB CARD** Sales Order:

JC NO.305145439

CUSTOMER		REG NO	MILEAGE
CITYCAB PTE LTD		SHC7718G	
7MS	7010070	MAKE	FUEL
CUSTOMER NO		HYUNDAI	E.....1/2.....F
ADDRESS	383 SIN MING DRIVE	MODEL	DATE/TIME IN
	Singapore SINGAPORE 575717	SONATA	24.04.2018 11:05
L. (R)	65551188	YR OF MANU	TARGET DATE
(P)	(O)	16.02.2012	
SCOUNT CARD NO		CHASSIS CODE	COMPLETION DATE/TIME
		KMHET41VMCA821799	

### JOB DESCRIPTION

Accident Date: 24.04.2018  
NATURE: 3P 24.04.2018

S/N	LABOR CODE	DESCRIPTION
	NTUC - Taxi Rights	Rear Damage
	LKR/Kalvin -	

CHECKED &amp; PASSED OUT BY:

## SERVICE ADVISOR

CUSTOMER'S SIGNATURE \_\_\_\_\_

Acknowledgement Slip

Exit Pass

Job No.: SHC7718G LARRY

Vehicle No.: SHC7718G

le of Service Advisor

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

e returned to Service Reception upon collection

To be kept by Security Guard

## CITY CAB PTE LTD

VEHICLE NO : SHC 7718G

DATE 24/4/2018 15:28

MAKE :

MODEL : HYUNDAI SONATA

N7M

DOA: 24.04.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (RH) — <i>Part</i>			\$ 1,294.70	
	Rear Door Trim Board (RH) <i>X su</i>			\$ 855.30	
	Rear Door Protector(RH) <i>X 4/2</i>			\$ 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>	
	Rear Fender Advertisement Logo (RH) — <i>net</i>			\$ 100.00	Nett
	Rear Door Advertisement Logo (RH) — <i>net</i>			\$ 100.00	Nett
	Rear Door Tel No. Sticker (RH) — <i>net</i>			\$ 10.00	Nett
				<b>\$ 210.00</b>	
	<b>Labour Charge</b>				
	Panel Beating-Repair Rear Fender			\$ <del>750.00</del> <i>400</i>	
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>	
	Wiring Charge			\$ <del>50.00</del> <i>X 20</i>	
	Tuff Kote			\$ <del>50.00</del> <i>20</i>	
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>X 10</i>	
	Transfer of Door			\$ <del>120.00</del> <i>50</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 1,590.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,563.60</b>	
	<i>Kalau (CRK)</i>				
	<i>25/4/18 1070hr</i>				
	<i>3 Rpt.</i>				
	<i>4/5</i>				
	<i>After Repair</i>				
	LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul>				
	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.				

Larry Ng

# COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305145439

Date : 27. Apr. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7718G

Date of Accident: 24.04.18

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

1. The repair job shall bill to: NTUC XD8343C

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**

**\$1,700.00**

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kabin

Date : 27/4/18

### 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/INC18007663/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 04-05-2018



Code: INC4

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

Insured Veh.	XD 8343C	Veh. Inspected	SHC 7718G
Policy No.	5076090997-02	Coverage (\$)	0.00
Claim No.	MT/0991797-002	Excess (\$)	0.00
Assign From		Assign Date	25/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA821799	Colour	YELLOW
Odometer	222069	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	GOODYEAR	7 mm
L/H Front Tyre	215/60 R16	GOODYEAR	7 mm
R/H Rear Tyre	215/60 R16	GOODYEAR	7 mm
L/H Rear Tyre	215/60 R16	GOODYEAR	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	24/04/2018	Inspection Date	25/04/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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## 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 7718G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR DOOR (RH)	DENTED	1,294.70	1,294.70
1	REAR DOOR TRIM BOARD (RH)	SERVICEABLE	855.30	-
1	REAR DOOR PROTECTOR (RH)	TO REPAIR	54.50	-
	LESS 20% DISCOUNT		-440.90	-258.94
			1,763.60	1,035.76
<b>SPECIAL NETT ITEMS</b>				
1	REAR FENDER ADVERTISEMENT LOGO(RH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR TEL NO. STICKER (RH) (SN)	NECESSARY	10.00	10.00
			210.00	210.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,040.00	450.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	420.00
			1,590.00	870.00
<b>GRAND TOTAL</b>			<b>3,563.60</b>	<b>2,115.76</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,700.00</b>

Report Ref No. NS/INC18007663/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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