

22/03/2018

ASS. REC. BY:

REF: CS/FCL18008031/G24652

Special Instruction:

Surveyor:

GR

ASSIGNMENT (Office)

From (Person): WS Irene Jew

of

FCL

Date/Time: 02052018 3:13pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBM 6069X

Insured:

SHA 8737 E

at Workshop m/s:

Autowerke Automotive

Tel:

9630 1281

of

176 Sin Ming Drive # 03-21

Policy No:

Claim No:

D18003296MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

25042018

(Client's Record)

03-052018 @ look for Ah Hwat 9764 6940

CA / REV / REP. / REV 24 HRS wpe

H.O.D. Endorsement:

Date/Time: 02052018 4:09pm

Person Contacted:

Alex

Vehicle: IN/OUT

Date/Time

Action/Instruction (X) Estimate

FBM 6069X - X

SHA 8737 E - NS/IN 12008756 / H/vn

OIA: 200412

REF:

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: F8M 6069 X Yr Regn: 2017 Dec 27Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Yamaha YZF-R155 C.C. 155Colour: Blue A/C: _____ Insured / Std / NI / NA

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

Eng/No: _____

C/No: MH3RG4710HK040619Gen. Cond: Good / Fair / Poor / BurntSteering: Inte / Jammed / Leaked / Burnt orBrake: Inte / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 140/70-17R: "

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

TOYO / YOKO or

Road Winner

Front

Rear

R/Bal: 5 mm R/Bal: 5 mm

L/Bal: _____ mm L/Bal: _____ mm

D.O.A. 25042018D.O.I. 03062018 @ 5:45pmSurvey held at Autowerke (Sin Ming)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

18/7Submit PRE report.

RECEIVED 18 JUL 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

PRE

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

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Other:

TOTAL

MOTOR SURVEY ASSIGNMENT

Date	27-04-2018	Our Ref No. D18003296MFSH
Accident Date	25-04-2018	Claim Type. Third Party
Insured Vehicle	SHA8737E	Third Party Vehicle. FBM6069X
Survey Location	8 KAKI BUKIT AVENUE 4#05-01/02 PREMIER BUILDING	
Contact Person.	ALEX BEH	
Contact No.	96301281/ 96301281	Fax No. 00
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	AUTOWERKE AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	AMY LIM LAW PRACTICE	TP Solicitor Fax No. 64915638
Officer Incharge	LURENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/239483)



PRI Documents



Close



PRI Header Details

Claim No	D18003296MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & AM
Workshop Name	AUTOWERKE AUTOMOTIVE PTE LTD (Contact Person : ALEX BEH)	Survey Location & Contact Details	8 KAKI BUKIT AVENUE 4#05-01/02 PREMIER E Mobile: 96301281 , Phone: 96301281 , Fax: EmailId: CLAIMS@ESTHERMOEY.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8737E	TP Vehicle No	FBM600
PRI Recieved Date	30-04-2018 08:55:01 PM	Surveyor Appointed Date	02-05-2018 03:02:36 PM	Surveyor Accept Date	16-07-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	16-07-2018	Upload Survey Report *:	<input type="text"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

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 willful 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	26/04/2018 14:32
Date Of Accident	25/04/2018 18:00
Exact Location Of Accident	JALAN TAN TOCK SENG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6069X
Insured/Policyholder	
Name Of Registered Owner	HAZIQ SYABIRIN BIN MOHAMED ZURI
NRIC No	S9412081J
Email Address	FATSOSLIM94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98527902
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R155
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D17MTMC01003492
Cover Note Number	
Driver	
Name of Driver	HAZIQ SYABIRIN BIN MOHAMED ZURI
NRIC No	S9412081J
Date Of Birth	07/04/1994
Occupation	INDOOR
Date Of Driving Pass	21/11/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98527902
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	FATSOSLIM94@HOTMAIL.COM

Address	APT BLK 461 JURONG WEST ST 41, #04-660
Postcode	640461
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	COLLISION - MAJOR/MINOR RD
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?	YES
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: : EZZUAN MEKHAEL BIN EMI
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH POLICE REPORT. HAVE ADDITIONAL PROPERTY DAMAGES - LAPTOP AND HANDPHONE.

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	SHA8737E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HAZIQ SYABIRIN BIN MOHAMED ZURI-RIDER
Approximate Age	
Injuries Sustain	LEFT LEG & LEFT HAND
Injured person in which vehicle?	FBM6069X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	EZZUANMEKHAEL BIN EMI-PILLION
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM6069X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

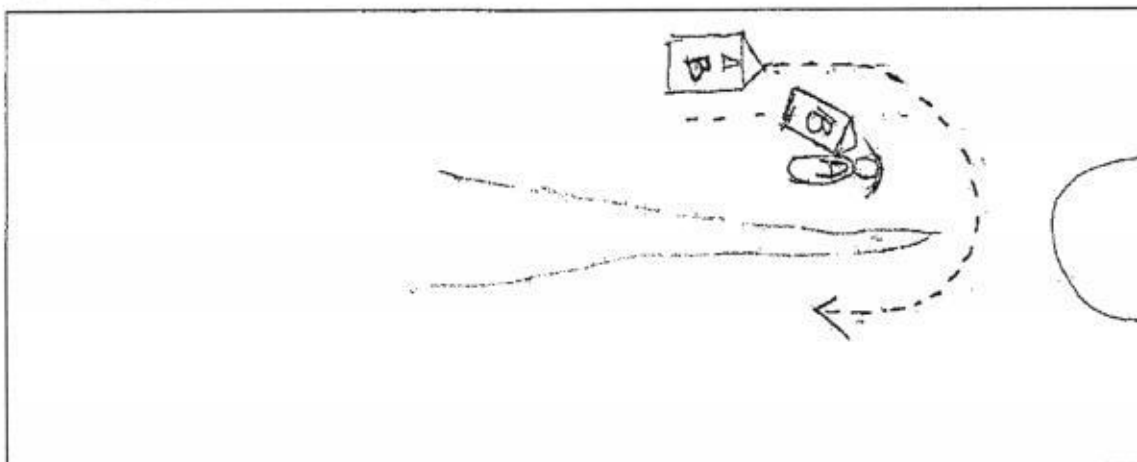
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 25/04/2018 Time: 18:00 Location: Along Jln. Jalan Tan Tock Seng
My Vehicle A: FBM 6069 X Vehicle B: SH4 8737E Vehicle C/Others: —



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attach - Police Report

() Claim OD / TP at Ah Lim Motor (x) Claim OD / TP at other workshop () Reporting Only
Remarks : Please forward a copy of my efile accident report to
My workshop : Autowerke Automotive
Email Address : charlesongj1@gmail.com, enquiry@autowerke.com.sg
& Myself : fatso slim 94@hotmail.com
Email Address : fatso slim 94@hotmail.com
Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Veh: FBM 6069 X

Policyholder's Signature
Date & Time:

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

Witnessed by Reporting Centre
Personnel





**SINGAPORE
POLICE FORCE**



T/20180425/2180

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180425/2180

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2018 22:13		Vide Report No.: E/20180425/0138	Station Diary No.: 210
Informant's Particulars			
Name of Informant: HAZIQ SYABIRIN BIN MOHAMED ZURI		Address: APT BLK 461 JURONG WEST STREET 41 #04-660 SINGAPORE 640461	
ID Type / ID No.: NRIC NO / S9412081J		Contact No.: Home/Office:	Mobile: 98527902
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 07/04/1994	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/04/2018 18:00	Type of Location:
Location: Along Road 1 JALAN TAN TOCK SENG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Colour	Condition	No. of Passengers
FBM6069X	Motorcycle	YAMAHA	YZF-R155	Blue		1
SHA8737E	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Policy No.	High Value	Expiry Date
FBM6069X	TENET SOMPO INSURANCE PTE. LTD.	D17MTMC0100349 2	27/12/2017	26/12/2018



**SINGAPORE
POLICE FORCE**



T/20180425/2180

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180425/2180

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Details of Person Involved			
Name	HAZIQ SYABIRIN BIN MOHAMED ZURI	ID No.	S9412081J
Related Vehicle	FBM6069X (Motorcycle)	Contact No.	98527902
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Details of Person Involved			
Name	EZZUAN MEKHAEL BIN EMI	ID No.	S9845694H
Related Vehicle	FBM6069X (Motorcycle)	Contact No.	97921312
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/04/2018 at about 8pm, I was riding my motorbike with my friend as a pillion along Jalan Tan Tock Seng on the right lane of a two way lane when suddenly a Comfort yellow taxi SHA8737E which was on the left lane of the two way lane, wanted to make a U turn other the opposite lane and as the taxi was beside me, the taxi hit the left side of my motorbike causing my motorbike to skid and both me and my pillion fell off the bike.

I was sent to TTSH by the ambulance and was given 3 days of MC.

Traffic Police came down to the accident site.



**SINGAPORE
POLICE FORCE**



T/20160425/2180

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20160425/2180

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:

F /

Sgt 2 TAN WEI XIANG ROY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/04/2018 22:13

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2081J
Vehicle Details	
Vehicle No.:	FBM6069X
Vehicle to be Exported:	No
Intended De-registration Date:	16 Jul 2018
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R155
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	G3J6E0078394
Chassis No.:	MH3RG4710HK040619
Maximum Power Output:	-
Open Market Value:	\$2,925.00
Original Registration Date:	27 Dec 2017
First Registration Date:	27 Dec 2017
Transfer Count:	1
Actual ARF Paid:	\$439.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,851.00
COE Rebate Amount:	\$5,525.00
Total Rebate Amount:	\$5,525.00

The information contained herein is correct as at 16 Jul 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			
FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Ref: CS3/FCI18008031/Gz4bs2 Date: 18-07-2018 Code: FCI2	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SHA 8737E	Veh. Inspected	FBM 6069X
Policy No.	D-18088937MFSH	Coverage (\$)	0.00
Claim No.	D18003296MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	02/05/2018
2. Vehicle Particulars & Condition			
Make & Model	YAMAHA YZF-R155	c.c	155
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MH3RG4710HK040619	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	140/70-17	ROAD WINNER	5 mm
L/H Front Tyre			mm
R/H Rear Tyre	140/70-17	ROAD WINNER	5 mm
L/H Rear Tyre			mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.			
5. General Information			
Accident Date	25/04/2018	Inspect Date / Time	03/05/2018 (05:49 PM)
Survey held at	AUTOWERKE AUTOMOTIVE - 176 SIN MING DRIVE #03-21		
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.			

Report Ref No. CS3/FCI18008031/Gz4bs2

Inspected By



XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor



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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