

08/11/3

Q. Insur: Kalvin

REF:

N8/INC 18010096 / K15bnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ITP / INS / ITP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop/s _____

of _____

Insured: SLP H043Z

Policy No. 50 8984 2398-01 100218

Claims No. MT/0957726-002

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: SHD 3395 A Yr Regn: 20 May 2017

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

Truck / Trailer or

Make: Toyota Pro c.c.: 1798...

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

Sp. Reading: 165292 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/N: 570KBJF4903557597

Gen. Cond: Good / Fb / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SI/Rim / STD GR Rim or

Tyre Size: F: 195/65R15

R: _____

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

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>2/6/8</u>	D.O.I. <u>4/6/8</u>

Survey held at (DGE (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
	SHD 3395A - X INC
	SLP H043Z - X PIP
6/6/8	Advised PIP \$731.85/2 P/p. (\$1,882.73 - \$731.85) - Reduction = 61%
RECEIVED 06 JUN 2018	

Date/Time, File Pass to? : Prell. Report
 1) 6/6/8 : Final Report
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.B.I.: (\$ P/P \$731.85)

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS: \$	
Photos	
Others	
TOTAL	160



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/INC18010096/K1sb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 04-06-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 4043Z	Veh. Inspected	SHD 3395A
Policy No.	5089842398-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/06/2018
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	02/06/2018	Inspection Date	04/06/2018
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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089842398-01	AUTO TRINITY CREDIT PTE. LTD.	201702129Z	GFT	Third Party	SLP4043Z	SLP4043Z	10/02/2018	

Continue

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	Time of Accident	Estimate	Tentative repair cost
1	MT/0996817-002	COMFORT TRANSPORTATION PTE LTD	SHA 4193A	SJH 6772E	01/06/2018	9:30	\$ 2,481.58	\$ 300.00
2	MT/0997226-002	COMFORT TRANSPORTATION PTE LTD	SHD 3395A	SLP 4043Z	02/06/2018	20:50	\$ 1,882.73	\$ 731.85

Claim received from LKK Auto.

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	04/06/2018 08:39
Date Of Accident	02/06/2018 20:50
Exact Location Of Accident	RIVER VALLEY X JUNCTION TWDS RIVER VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3395A
Insured/Policyholder	
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

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	OH JOO SHYANG EDWARD
NRIC No	S7341344C
Date Of Birth	11/11/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92727236
Fax Number	
Contact Number	
EEmail Address	EDWARD0H1973@GMAIL.COM

Address	BLK 264C COMPASSVALE BOW #04-58
Postcode	543264
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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

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	SLP4043Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	FOO CHIOU MI
NRIC/Passport Number	S7034161A
Contact Number	98808836
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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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5. Any false reporting may be referred to the Police for investigation.
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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



3/6/18
Jackson Hong
CSO

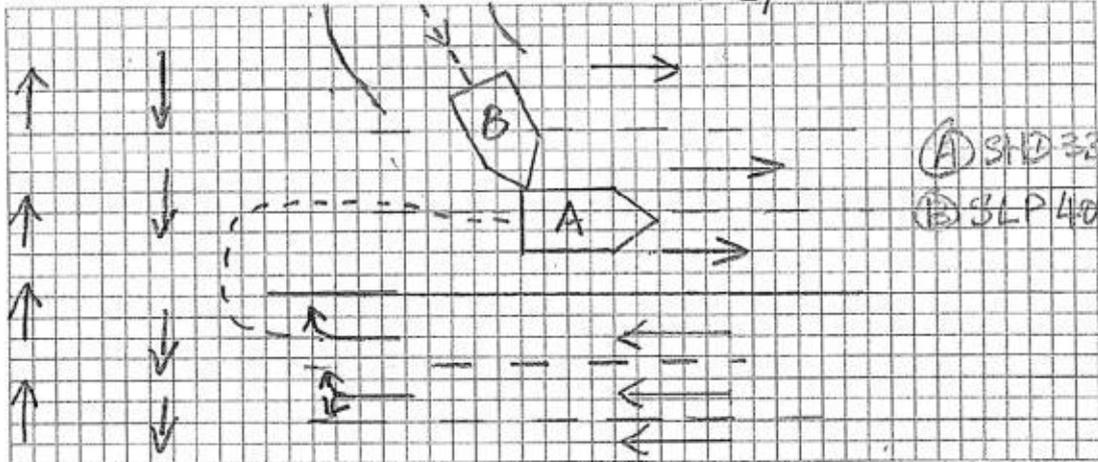
Policyholder's Signature
Date & Time:

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

On 02/06/2018 at about 2050hrs, I vehicle A was making a U-turn at river valley road toward river valley at the traffic junction. Vehicle B comes from ship road at hill street collided onto my taxi left rear portion. No one was injured at that time

DECLARATION

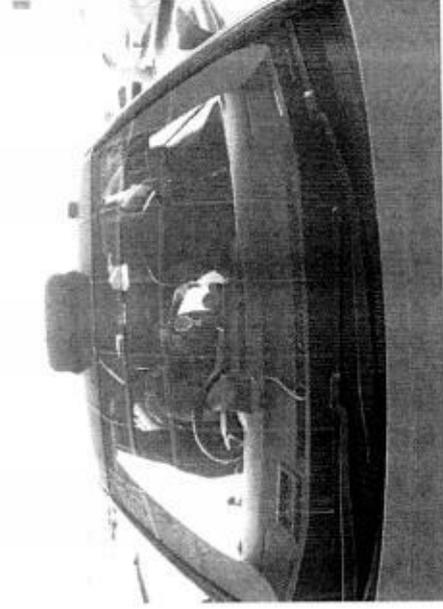
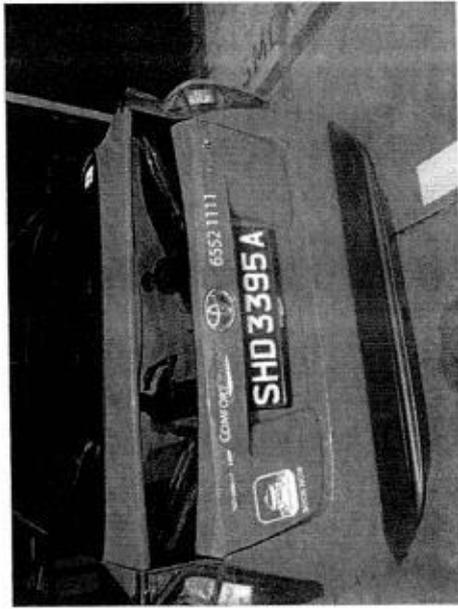
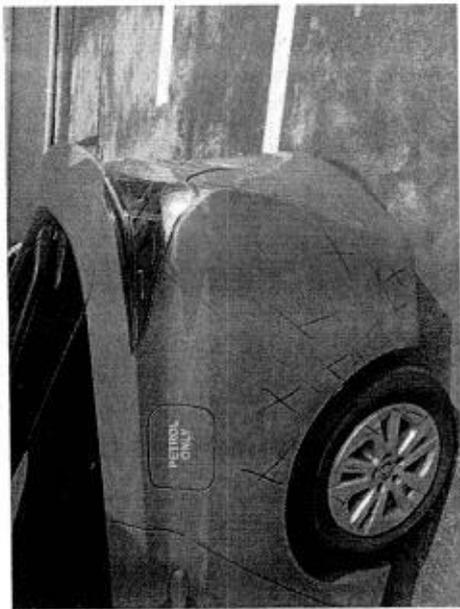
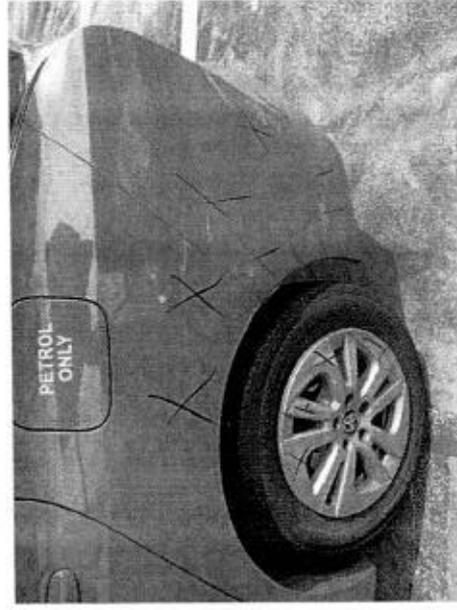
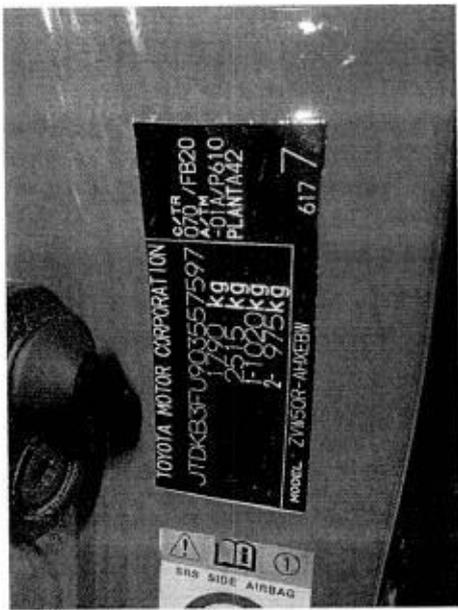
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)

3/6/18
Jackson Hong
CSO *[Signature]*
Reporting Centre Personnel's Signature
Name:



A member of COMFORTDELGRO

Date/Time: 04.06.2018 09:24 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305168855

CUSTOMER
 RMS COMFORT TRANSPORTATION PTE LTD
 CUSTOMER NO. 7010045
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL (R) 65508755 (O)
 (P)

VAR5

(B)

REGN NO. SHD3395A	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)03.06.2018	DATE/TIME IN 10:35
YR OF MANU. 30.05.2017	TARGET DATE
CHASSIS CODE JTDKB3FU903557597	COMPLETION DATE/TIME

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 02.06.2018
 NATURE: 3P 02.06.2018

QTY	LABOR CODE	DESCRIPTION
1	NTUC	taxi left rear damage
1	LKIC/Kadmi	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3395A
 LARRY

Vehicle No.: SHD3395A

Signature of Service Advisor: Larry Ng
 Signature/Date

Name of Service Advisor: _____
 Date: _____

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHD 3395A

4/6/2018 11:43

MAKE :

POA: 02.06.18

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repair</i>			\$ 458.60
REAR BUMPER SIDE RETAINER <i>X 2</i>			\$ 112.70
RETAINER, REAR BUMPER, SIDE, LH <i>X 2</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>X 2</i>			\$ 148.40
REAR WHEEL HUB CAP (LH) <i>1 hubcap</i>			\$ 175.80
SUB TOTAL			\$ 990.30
LESS 25% DISCOUNTED TOTAL			\$ 742.73
LABOUR CHARGE			
Panel Beating			\$ 200
Spray Painting Charge			\$ 360.00 500.00 <i>X 2</i>
Wiring Charge			\$ 50.00 50.00 <i>X 2</i>
Remove/Refix Reverse Sensor			\$ 120.00 120.00 <i>X 2</i>
Rear Wheel Alignment			\$ 120.00 120.00 <i>X 2</i>
TOTAL LABOUR			\$ 1,140.00
ESTIMATE TOTAL			\$ 1,882.73

*Kaka (100%)
 4/6/18 1300hr
 2 P/L
 P/L
 A She Repair U*

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 is allowed
- Supplementary repairs 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 PTE LTD

Date: 05.06.2018

REPAIR ESTIMATE

Time: 18:05:15

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS: COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305168855
REGN NO : SHD3395A
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.05.2017
DATE/TIME IN : 03.06.2018 10:35
ACCIDENT DATE : 02.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2057-G PRIG4 CAP WHEEL 1 175.80 25.00 131.85

SUB-TOTAL : 131.85

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 600.00

TOTAL : 731.85

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305168855
Date : 5. Jun. 2018

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHD3395A Date of Accident: 02/06/18

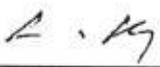
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC SLP4043Z
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$131.85
(b) Labour Charges	\$600.00
Total for Part-By-Part Repair Cost	\$731.85
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	

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 : Calvin
Date : 6/6/18

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:



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/INC18010096/K1sbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 08-06-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 4043Z	Veh. Inspected	SHD 3395A
Policy No.	5089842398-01	Coverage (\$)	0.00
Claim No.	MT/0997226-002	Excess (\$)	0.00
Assign From		Assign Date	04/06/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU903557597	Colour	BLUE
Odometer	165292	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/06/2018	Inspection Date	04/06/2018
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. SHD 3395A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	RETAINER, REAR BUMPER SIDE, LH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE, LH	TO REPAIR SEE LABOUR	148.40	-
1	REAR WHEEL HUB CAP (LH)	GRAZED	175.80	175.80
	LESS 25% DISCOUNT		-247.57	-43.95
			742.73	131.85
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND SEAL, REAR BUMPER SIDE, LH.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,140.00	600.00
GRAND TOTAL			1,882.73	731.85
RECOMMENDED COST OF REPAIRS (CONFIRMED)				731.85

Report Ref No. NS/INC18010096/K1sbn2

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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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.