

106 (S113)
Name: Kalvin

REF: NS/INC18010323/Kirb2

ASSIGNMENT

Fr 106 Date: _____
Es 106 Test: _____
OD 106 / TP RES / OD RES / EVA / INV / MV
To Insp Vehicle No: _____
et 106 m/s _____
of _____
Ins 106 : SKE 6861K
Pol 106 No: 5088911821-01 290318-280319
Cla 106 No: MT/0997427-602
Sur 106 : _____ Excess: _____
(106 lent's Record)
Mat 106 of Val: _____

(Policy Condition)

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

Bal. 106 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

N/S	O/S

Veh No: SH 2987 Y Yr Regn: 3/14, 2011
Type: M.Car / M.Cycle / Bus / Van / Lorry / 106 / Prime Mover /
Truck / Trailer or
Make: Hyundai Santa Fe c.c.: 199
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: 565967 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KMHET41VMBAB14788
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Wipac
Front 7 mm Rear 7 mm
R/Bal. 7 mm L/Bal. 7 mm
D.O.A. 5/6/18 D.O.I. 6/6/18
Survey held at CDE (Loring)
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
Rear
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	POA: 181117	Inc
	SH 2987 Y - 033 / FCL 7032204 / 0652		
	SKE 6861K - NA / INC18110323 / 24	DOA: 050618	42
11/6/18	Continued 4/5 \$1100 / 2 days.		
	Red: \$1862.10, 62/1.		

RECEIVED 12 JUN 2018

Date/Time, File Pass to? ☐ : Prel. Report
1) typist ☒ : Final Report
Date/Time, File Return to?

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

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:	<u>160</u>
Transportation:	
\$ + RS: \$	
Photos	
Others	
TOTAL	<u>160</u>

Report Format: TP
Lump sum / h.b.t: (\$ 1100)

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	Estimate	Tentative repair cost
1	MT/0997658-002	COMFORT TRANSPORTATION PTE LTD	SHA 4063S	PC 5963H	06/06/2018	\$ 7,206.74	\$ 3,421.04
2	MT/0997826-002	COMFORT TRANSPORTATION PTE LTD	SHA 7223C	SLZ 542Z	07/06/2018	\$ 5,862.58	\$ 2,025.12
3	MT/0997427-002	CITYCAB	SH 2987Y	SKE 6861K	05/06/2018	\$ 2,962.10	\$ 1,100.00
4	MT/0997579-002	COMFORT TRANSPORTATION PTE LTD	SH 7346P	SKG 739K	06/06/2018	\$ 2,086.68	\$ 580.00

Claim received from LKK Auto



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/INC18010323/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKE 6861K	Veh. Inspected	SH 2987Y
Policy No.	5088911821-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/06/2018

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	05/06/2018	Inspection Date	06/06/2018
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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088911821-01	NATO TRANSPORTATION	53558806F	GPC	drive CLASSIC	SKE6861K	SKE6861K	29/03/2018	28/03/2019

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305169971

CUSTOMER

MS CITYCAB PTE LTD
CUSTOMER NO 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

COUNT CARD NO.

REGN NO:

SH 2987Y

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

SONATA

DATE/TIME IN

05.06.2018 15:20

YR OF MANU

31.07.2011

TARGET DATE

CHASSIS CODE

KMHET41VMB814748

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.06.2018

ATURE: 3P 05.06.2018

/NO LABOR CODE DESCRIPTION

*Repair Estimate
Take from Ruby*

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 2987Y

LKE

Vehicle No.:

SH 2987Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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	05/06/2018 16:15
Date Of Accident	05/06/2018 14:50
Exact Location Of Accident	BARTLEY RD TWDS BRADELL BEFORE UNDERPASS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2987Y
Insured/Policyholder	
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

Vehicle Particulars

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

Insurance Company

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	

Driver

Name of Driver	ANDY CHOW(ZHOU JUNTING)
NRIC No	S7345795E
Date Of Birth	27/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90046940
Fax Number	
Contact Number	
EMail Address	ANDYCHOW@LIVE.COM.SG

Address	BLK 34 LORONG 5 TOA PAYOH #03-311
Postcode	310034
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	CHAIN COLLISION
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	SKE6861K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANGELINE YAU
NRIC/Passport Number	S7203533Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

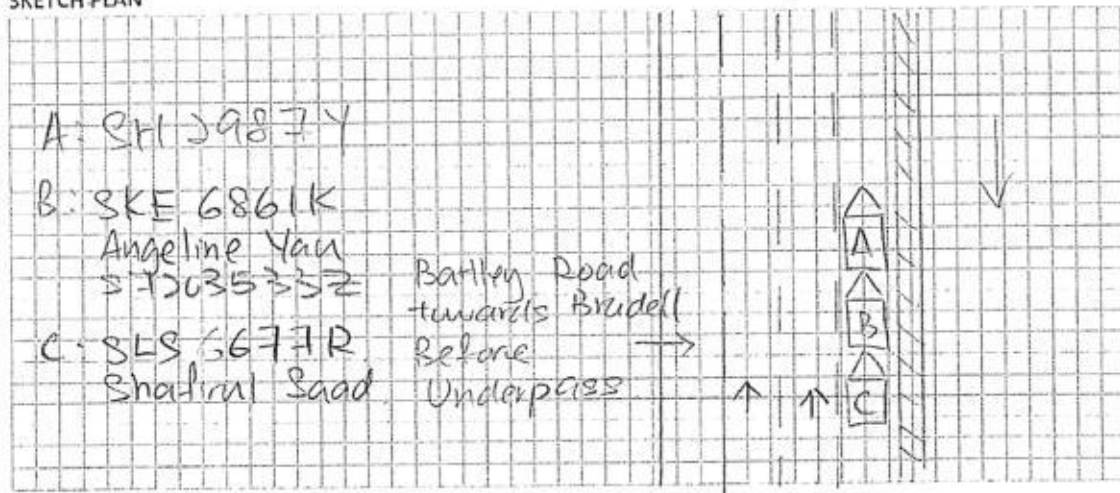
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IAAC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/6/18 at about 14:50 hrs, I was driving on extreme right lane along Barley road towards Brudell before underpass.

Shortly after the car in front of my taxi suddenly brake to stop, I immediately applied brake as well upon noticed it. Lucky enough I able to stop my taxi to avoid collision within the car in front of my taxi. At the same time, I felt an impact from my behind. I stepped out to have a check and found is a chain collision accident. Veh B collided onto the rear portion of my stationary taxi, and veh C hit onto the Veh B.

No passenger in my taxi. No injury reported in this accident.

DECLARATION

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

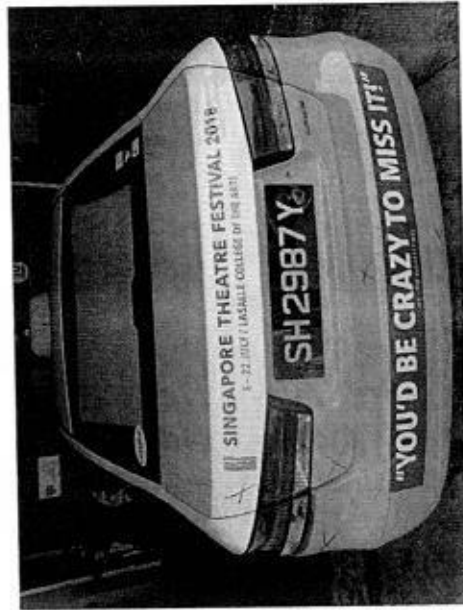
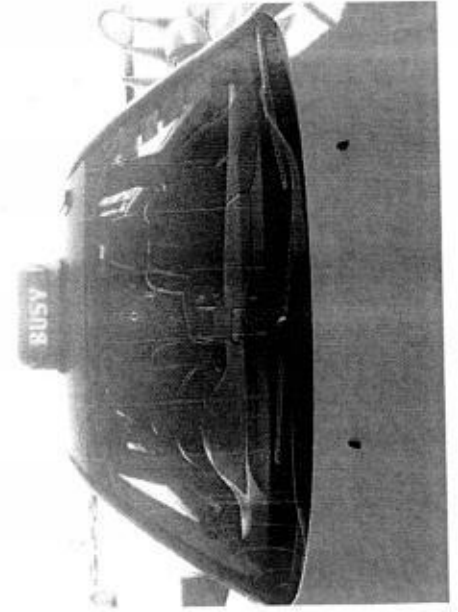
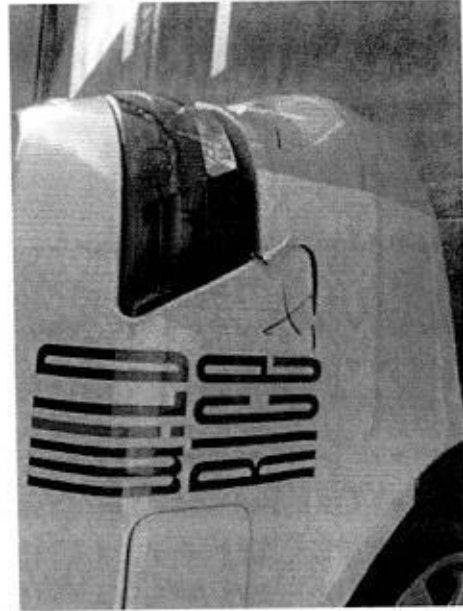
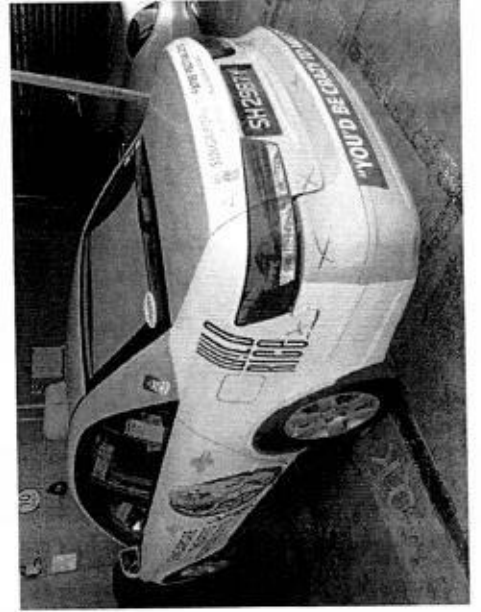
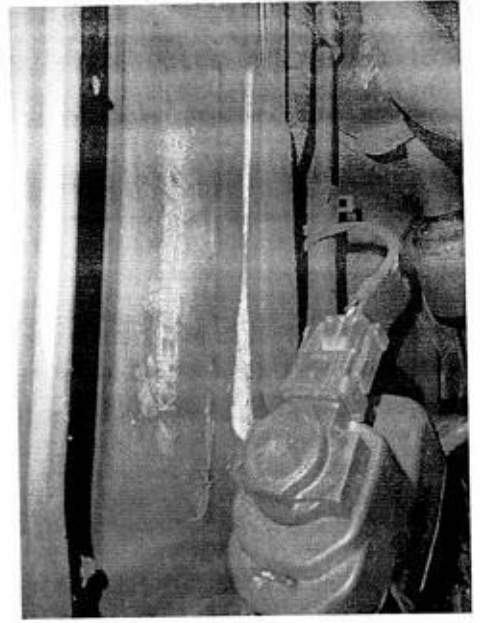
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

CITYCAB Sketch Plan Form V2.0



CITYCAB PTE LTD

VEHICLE NO : SH 2987Y

MAKE :

MODEL : HYUNDAI SONATA

DATE 6/5/2018 18:06

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Defend</i>			\$ 578.40
	Rear Bumper Reinforcement <i>75in</i>			\$ 483.30
	Rear Bumper Clip — <i>see</i>			\$ 22.00
	Rear Bumper Sponge <i>8in</i>			\$ 137.40
	Rear Bumper Under Cover <i>X see</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X see</i>		\$ 38.00	\$ 76.00
	Rear Panel <i>X see</i>			\$ 391.80
	Rear Panel Garnish <i>X see</i>			\$ 95.80
	<i>Rear Bumper X repair</i>			
	SUB TOTAL			\$ 1,970.50
	LESS 20%			\$ 394.10
	DISCOUNTED TOTAL			\$ 1,576.40
	Rear Bumper Reverse Sensor <i>X see</i>			\$ 135.70 Nett
	Rear Bumper Advertisement Logo — <i>see</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>see</i>		\$ 100.00	\$ 200.00 Nett
				\$ 385.70
	Labour Charge			<i>200</i>
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 500.00 <i>800</i>
	Wiring Charge			\$ 30.00 <i>X 70</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 30</i>
	TOTAL LABOUR			\$ 1,000.00
	<i>Kalin 11/11/14</i>			
	<i>6/6/18 1140hrs</i>			
	<i>2 Pys</i>			
	<i>4s</i>			
	<i>At the Repair shop</i>			
	ESTIMATE TOTAL			\$ 2,962.10
<div> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> To survey before and after spray painting. To display damaged parts during resurvey. Parts prices are subject to confirmation. Third party survey from a "No Fault" basis. No legal proceedings are allowed. Supplementary items must be resurveyed and is subject to final approval from Insurance Company. <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
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 305169971

Date : 11/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SH2987Y CCPL

05.06.18

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

1. The repair job shall bill to: **NTUC** --- **SKE6861K**
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: 20% **\$1,100.00**
Final Lumpsum Repair cost **\$1,100.00**

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 11/6/18

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/INC18010323/K1rbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 19-06-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKE 6861K	Veh. Inspected	SH 2987Y	
Policy No.	5088911821-01	Coverage (\$)	0.00	
Claim No.	MT/0997427-002	Excess (\$)	0.00	
Assign From		Assign Date	06/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMB814748	Colour	YELLOW	
Odometer	565967	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	7 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/06/2018	Inspection Date	06/06/2018	
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 2987Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
1	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
1	REAR PANEL	SERVICEABLE	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
1	REAR BOOTLID (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-394.10	-120.08
			1,576.40	480.32
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00	NECESSARY	200.00	200.00
			385.70	250.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BOOTLID.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE & REFIX REVERSE SENSOR.		120.00	30.00
			-	-
			-	-
			1,000.00	630.00
GRAND TOTAL			2,962.10	1,360.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC18010323/K1rbe2

Report Ref No. NS/INC18010323/K1rbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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.