

(08/11/13)

Surveyor: Kavin

REF:

NS/INC18015572 / KIRBN2

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: SLA 3866BPolicy No. 5088049991-01 01032018-280219Claims No. MT/1008717-002

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 7877E Yr Regn: 9 Apr, 2018

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: 4c16u A/C: Ins ed / Std / NI / NASp. Reading: 699696 T/Radio: Ins ed / Std / NI / NA

Eng/No: _____

C/No: KMH1B414AE405241Gen. Cond: Good / 6 / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or Ham Kook

Front

R/Bal. 2 mmL/Bal. 2 mmD.O.A. 24/8/8Survey held at CDHE (Loyang)

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

o/s Frnt.

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

Date / Time Action / Instruction

SHC 7877E - (NS/INC18015572) / R106372

QA: 17032018 Inc
4

SLA 3866B - X

29/8/8 Chassis 4549501-2871
Red: 81269.36, 541

RECEIVED 30 AUG 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

Report Format: 7PLump Sum / P.H. (\$) 950Days Of Repair: 2Resurvey 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/INC18015572/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLA 3866B	Veh. Inspected	SHC 7877E
Policy No.	5088049991-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/08/2018

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	24/08/2018	Inspection Date	27/08/2018
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.
--

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1009373-001	COMFORT TRANSPORTATION PTE LTD	SHC 3055L	PC 3697P	19/8/2018	\$ 1,623.66	\$ 1,095.46
2	MT/1009185-002	COMFORT TRANSPORTATION PTE LTD	SHC 8825Z	SFE 2060R	28/8/2018	\$ 2,892.18	\$ 800.00
3	MT/1009007-002	COMFORT TRANSPORTATION PTE LTD	SH 8358Z	RD 6187X	27/8/2018	\$ 2,089.88	\$ 814.45
4	MT/1009087-002	COMFORT TRANSPORTATION PTE LTD	SHA 4428Z	SIV 6885P	24/8/2018	\$ 6,595.38	\$ 5,236.10
5	MT/1008717-002	CITYCAB PTE LTD	SHC 7877E	SLA 3866B	24/8/2018	\$ 2,219.36	\$ 950.00
6	MT/1009120-002	COMFORT TRANSPORTATION PTE LTD	SHD 3624P	SIL 6504S	26/8/2018	\$ 6,844.92	\$ 1,510.06
7	MT/1008471-002	COMFORT TRANSPORTATION PTE LTD	SH 7842Z	FBK 6778T	22/8/2018	\$ 1,473.20	\$ 1,273.20
8	MT/1008626-002	COMFORT TRANSPORTATION PTE LTD	SHA 2462L	PC 6244T	23/8/2018	\$ 1,679.16	\$ 300.00
9	MT/1009154-002	CITYCAB PTE LTD	SHA 9452U	SJE 7737S	24/8/2018	\$ 2,731.58	\$ 650.00
10	MT/1008987-002	CITYCAB PTE LTD	SHA 621H	YN 8044B	26/8/2018	\$ 4,685.68	\$ 2,950.00
11	MT/1008975-002	CITYCAB PTE LTD	SHA 881Z	YP 2006R	26/8/2018	\$ 8,248.46	\$ 1,500.00
12	MT/1008414-002	COMFORT TRANSPORTATION PTE LTD	SHC 3331P	SLK 2650K	23/8/2018	\$ 3,696.80	\$ 2,050.00
13	MT/1008095-002	COMFORT TRANSPORTATION PTE LTD	SHA 3850T	FBK 1449B	17/8/2018	\$ 2,745.13	\$ 1,282.00

Claim received from LKK Auto

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088049991-01		LEE MUI KHIM	S1721461F	GPC	drive CLASSIC	SLA3866B	SLA3866B	01/03/2018	28/02/2019

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	25/08/2018 09:28
Date Of Accident	24/08/2018 17:00
Exact Location Of Accident	SERANGOON ROAD TWDS YIO CHU KANG RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7877E
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	I40
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	SEE LI LIAN
NRIC No	S1405599A
Date Of Birth	19/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1981
Driving Experience	36 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91850838
Fax Number	
Contact Number	
Email Address	LI-LIAN_SEE@HOTMAIL.COM

Address	BLK 803 TAMPINES AVENUE 4 #08-83
Postcode	520803
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?	
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: : 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 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SLA3866B
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JANE SIA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	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.

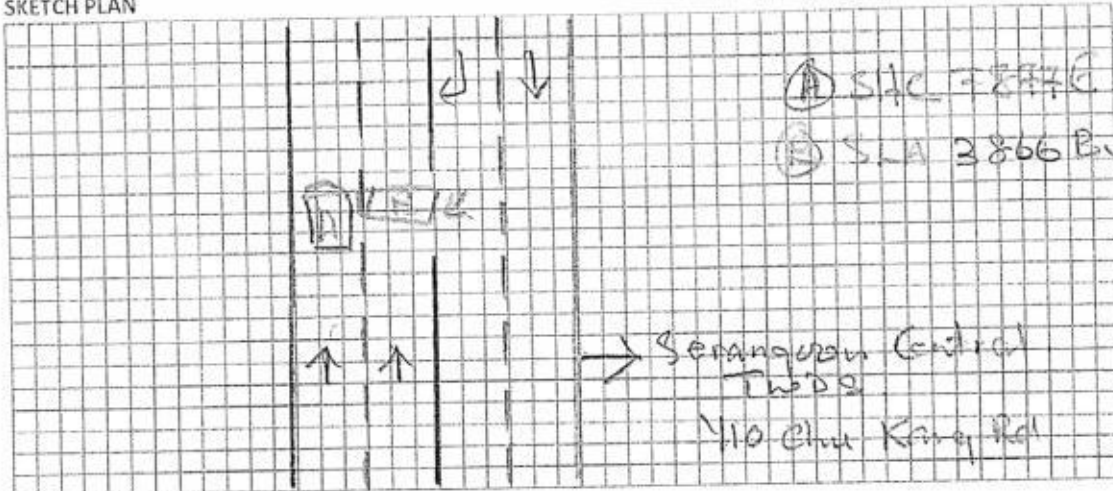
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/8/2018 at about 1700 hrs, I vehicle A was driving along Serangoon Central toward Yio Chu Kang road on the left lane. While I going straight, vehicle B making a U-turn and collided onto vehicle A right front portion. No one was injured at that time.

DECLARATION

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

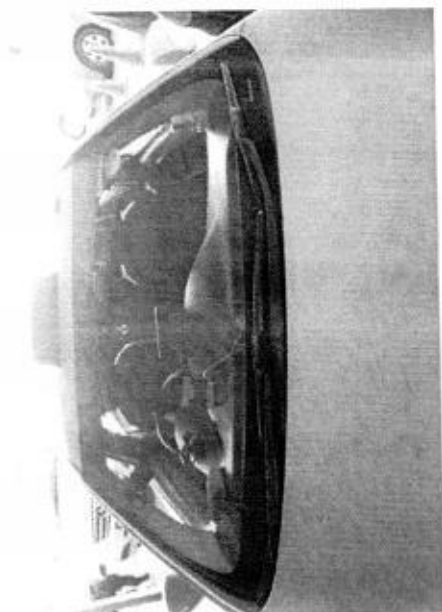
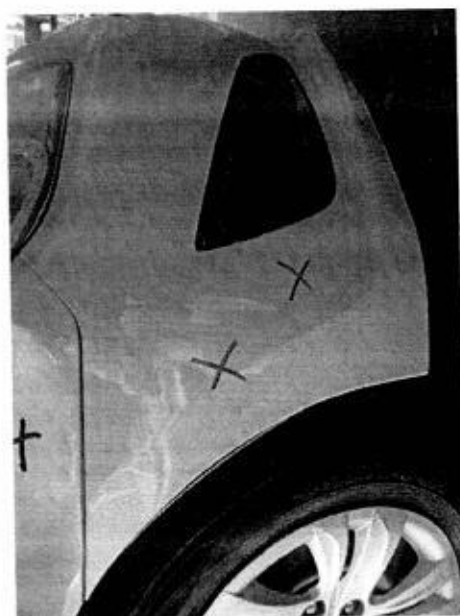
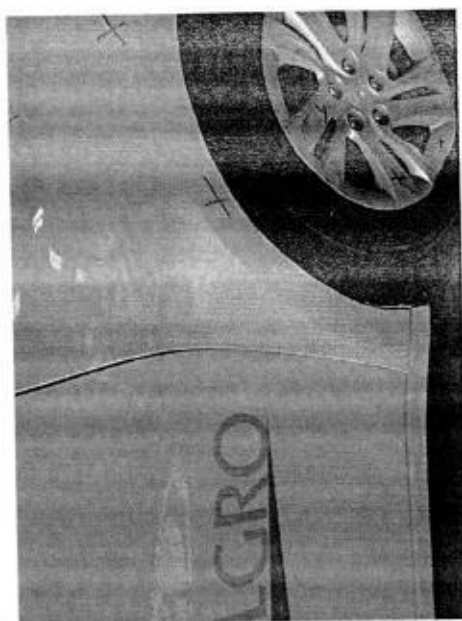
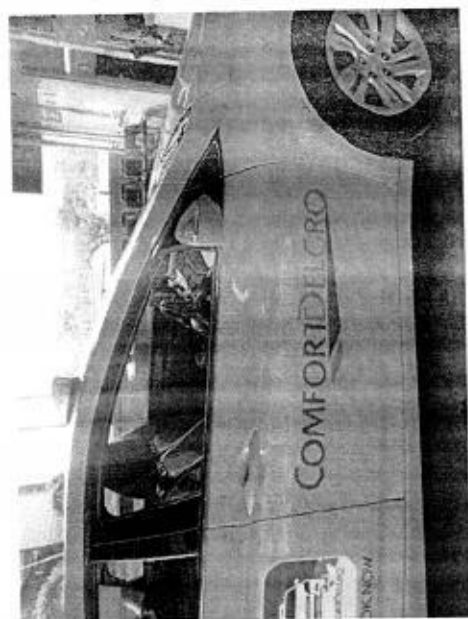
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

25/8/18
Jackson Hong
CSO Jackson



NML
LKK
ZZ

DATE : 25.08.2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) — <i>Rebuilt</i>			\$ 566.30
	Front Fender Shield (RH) — <i>8.5m</i>			\$ 175.90
	Front Fender Retainer — <i>8.5m</i>			\$ 24.60
	Front Wheel Rim (RH) — <i>8.5m</i>			\$ 325.30
	Front Wheel Hub Cap (RH) — <i>6.5m</i>			\$ 107.10
	<i>Front Bumper x repair</i>			
	SUB TOTAL			\$ 1,199.20
	LESS 20%			\$ 239.84
	DISCOUNTED TOTAL			\$ 959.36
	Labour Charge			200
	Panel Beating			\$ 500.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	FRT Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 1,260.00
	ESTIMATE TOTAL			\$ 2,219.36

MODEL : HYUNDAI i40

Kalua 1 CLK

27/8/8

2 Dyr

4/5

After Repair bill

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To identify damaged part(s) during resurvey
- Parts prices are to be on a confirmable basis
- Third party Survey is on a "however" basis
- No illegal modification must be resurveyed and
- Supplemental charges must be resurveyed and

TOTAL LABOUR

Authorised 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.

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305204241

OWNER

IS CITYCAB PTE LTD
OWNER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)
(P)

IDENTIFICATION CARD NO.

REGN NO.:

SHC7877E

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN
25.08.2018 08:20

YR OF MANU

09.04.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU052411

COMPLETION DATE/TIME:

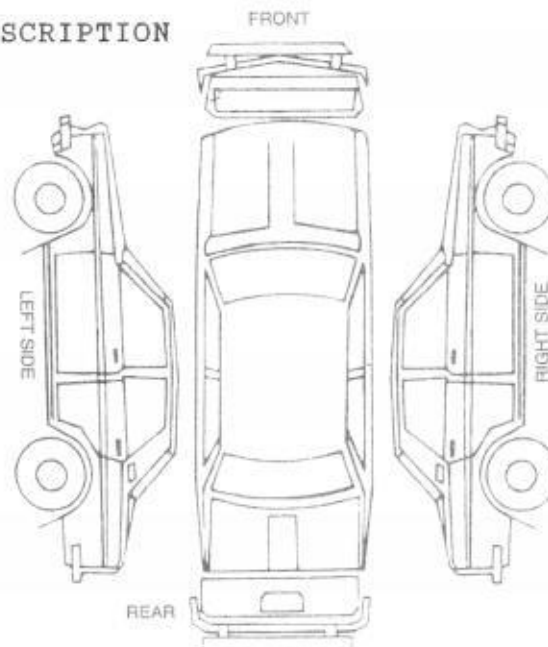
JOB DESCRIPTION

Accident Date: 24.08.2018

NATURE: 3P 24.08.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC7877E

FZ NTUC

Vehicle No.:

SHC7877E

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO
ENGINEERING**Our Job Ref No : 305204241Date : 29.08.2018ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : KALVINVehicle Reg No. : SHC7877EDate of Accident : 24.08.2018

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


1. The repair job shall bill to: NTUC --- SLA3866A
2. The finalized amount shall be:
- | | |
|--|-----------------|
| (a) Spare Parts after List discount | <u>\$0.00</u> |
| (b) Labour Charges | <u>\$0.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$0.00</u> |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: <u>20%</u> | <u>\$950.00</u> |
| Final Lumpsum Repair cost | <u>\$950.00</u> |

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 : FAUZY BIN MOKHTARTel : 62148319Fax : 65468156Signature : Name : KakaDate : 29/8/18**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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
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/INC18015572/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-09-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLA 3866B	Veh. Inspected	SHC 7877E
Policy No.	5088049991-01	Coverage (\$)	0.00
Claim No.	MT/1008717-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052411	Colour	YELLOW
Odometer	699696	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/08/2018	Inspection Date	27/08/2018
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. SHC 7877E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER (RH)	DEFORMED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL RIM (RH)	SERVICEABLE	325.30	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-239.84	-134.68
			959.36	538.72
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		560.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,260.00	630.00
GRAND TOTAL			2,219.36	1,168.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC18015572/K1rbn2

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

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.