

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18017858/Klgbn2

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: SKA 1061G

Policy No. 5099848419 120418 - 110419

Claims No. M7/1013958-002

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: 2 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 81665

Yr Regn: 28 Apr, 2016

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

Truck / Trailer or

Make:

Hyundai Zeta

cc 1685

Colour:

Blue

A/C: Ins 6ed / Std / NI / NA

Sp. Reading

393422

T/Radio: Ins 6ed / Std / NI / NA

Eng/No:

C/No:

KM HLB414M64087892

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

1/10/18

D.O.I.

2/10/18

Survey held at

CDHE (Loyang)

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

N/S Front

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

Date / Time

Action / Instruction

SHC 81665 - NA / INC 1505550 / H4

DOA: 0109205

INC

SKA 1061G - NA / MSG 1801220 / R3

DOA: 030718

42

3/10/18

Confirmed 45 \$1450 / 2 Days (Red \$1147.56, 44%)

RECEIVED 15 OCT 2018

Date/Time, File Pass to?

☐

: Prel. Report

11/05/10 transfer

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

7P

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

1450)

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$1

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/INC18017858/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-10-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKA 1061G	Veh. Inspected	SHC 8166S	
Policy No.	5099848419	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	02/10/2018	
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	01/10/2018	Inspection Date	02/10/2018	
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.				

TP Claims against NTUC Income: Follow-Through Survey

Date : 05/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1013958-002	COMFORT TRANSPORTATION PTE LTD	SHC 8166S	SKA 1061G
2	MT/1013935-002	COMFORT TRANSPORTATION PTE LTD	SHC 2312B	SMA 8179G
3	MT/1014221-002	COMFORT TRANSPORTATION PTE LTD	SHB 6241B	SHD 2503L

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.	<input type="text"/>	Date of Accident	<input type="text" value="01/10/2018 17:44"/>
Vehicle No. (For Motor)	<input type="text" value="SKA1061G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099848419		TEH JUN HONG	S8815644G	GPC	drive CLASSIC	SKA1061G	SKA1061G	12/04/2018	11/04/2019

Continue

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	02/10/2018 08:24
Date Of Accident	01/10/2018 14:45
Exact Location Of Accident	ALONG TAMPINES CENTRAL 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8166S
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TAN JIT SIN
NRIC No	S6815119H
Date Of Birth	20/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1972
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96477283
Fax Number	
Contact Number	
EMail Address	DARRENTJS@SINGNET.COM.SG

Address	BLK 265 TAMPINES STREET 21 #10-56
Postcode	520265
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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	SKA1061G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEH YEE HENG
NRIC/Passport Number	S9546682F
Contact Number	96901605
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

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

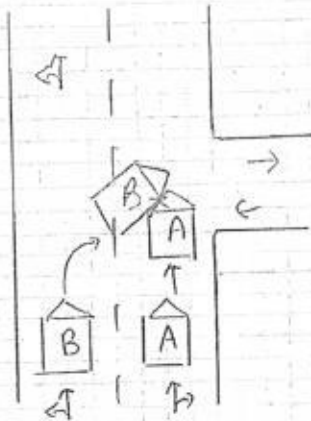
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01.10.2018 @ 16:10 Hrs

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

Sketch Plan Pg. 2

SKETCH PLAN



A - SHC 8166S.

B - SKA 1061G.

Along Tampines Central 6 In Front of NTUC Income BLDG.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01.10.2018 at about 14:45 hrs, I was travelling along Tampines Central 6 with one female and
one kid on board.
I was travelling on extreme right lane. Suddenly, veh (B) (SKA 1061G) which was travelling on
my left cut into my lane and simultaneously hit my taxi (A) front left portion. As it took place so fast, I
could not take evasive action to prevent the collision.
Both of us then alighted and exchanged the particulars. I have company video fixed in my taxi and
photos taken at scene to support my claims.
No injury in this accident.
Veh (B) (SKA 1061G) was driven by Mr. Teh Yee Heng. NRIC : S 9546682F. Hp : 9690 1605.

DECLARATION

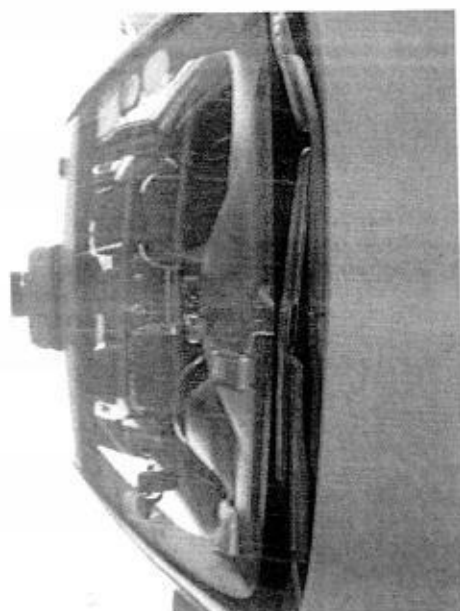
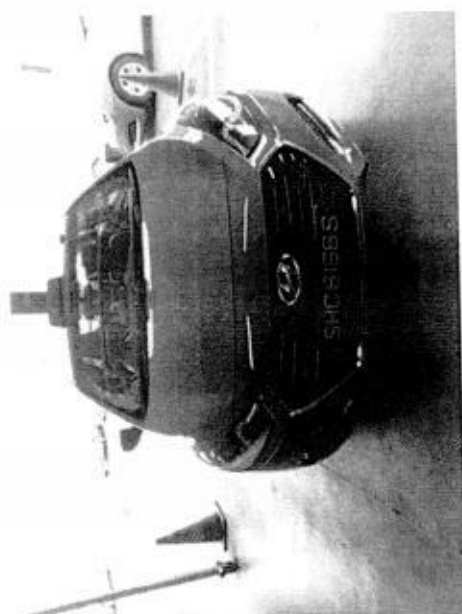
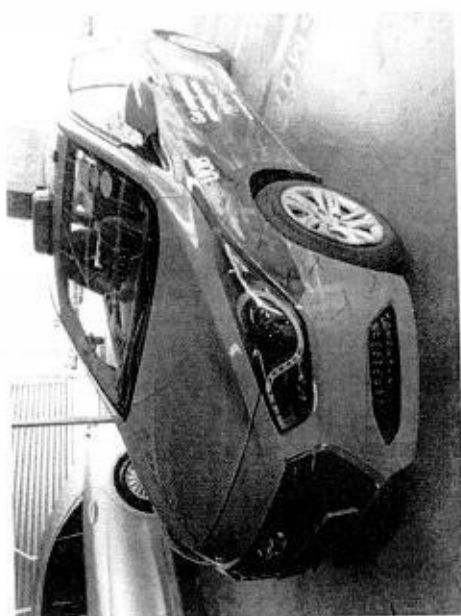
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01.10.2018 @ 16:10 Hrs

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



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8166S

DATE 2/10/2018 10:58

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Rebuilt</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60
	Front Fender (LH) — <i>Rept</i>			\$ 566.30
	Front Fender Shield (LH) <i>X su</i>			\$ 175.90
	Front Fender Retainer <i>X su</i>			\$ 24.60
	Front Wheel Rim (LH) <i>X su</i>			\$ 325.30
	Front Wheel Hub Cap (LH) — <i>Rept</i>			\$ 107.10
	SUB TOTAL			\$ 1,790.70
	LESS 20%			\$ 358.14
	DISCOUNTED TOTAL			\$ 1,432.56
	Front Number Plate <i>X su</i>			\$ 25.00 Nett
	Front No Plate Trim Cover <i>X su</i>			\$ 30.00 Nett
	Frt Fender Advertisement Logo (LH) — <i>su</i>			\$ 100.00 Nett
				\$ 155.00
	Labour Charge			<i>300</i>
	Panel Beating			\$ 440.00
	Spray Painting Charge			\$ 440.00 <i>400</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	Frt Wheel Alignment			\$ 80.00 <i>40</i>
	TOTAL LABOUR			\$ 1,010.00
	ESTIMATE TOTAL			\$ 2,597.56
<p><i>Kaluh Ulu</i></p> <p><i>2/10/18 1535hr</i></p> <p><i>2 Pr</i></p> <p><i>Li</i></p> <p><i>Atk Repair</i></p> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>LKK Auto Consultants Pte Ltd</p> <p>the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before or during painting • To display damaged parts during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) 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.				

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3861276

JC NO.: 305220187

CUSTOMER		REGN NO.: SHC8166S	MILEAGE
MR/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
CUSTOMER NO.	7010045	MODEL	I-40
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU	28.04.2016
TEL (R)	65508755	CHASSIS CODE	KMHLB41UMGU087892
(P)	(O)	COMPLETION DATE/TIME:	
DISCOUNT CARD NO.			

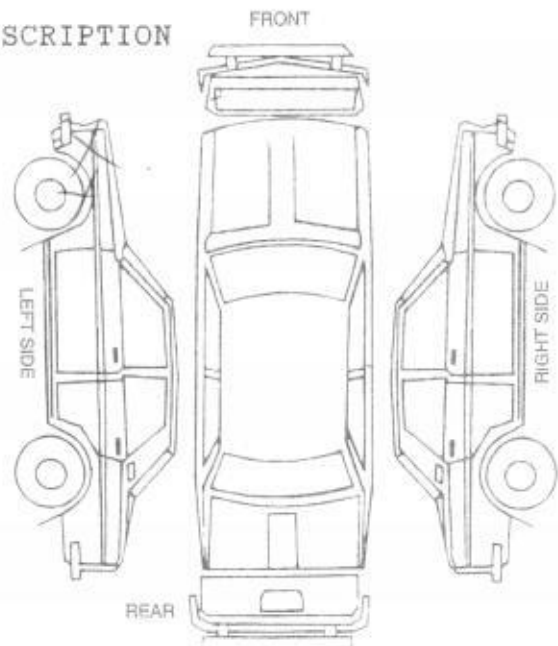
JOB DESCRIPTION

Accident Date: 01.10.2018

NATURE: 39 01.10.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

me:

No.:

Vehicle No.:

SHC8166S

LARRY/YY

Exit Pass

Vehicle No.:

SHC8166S

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305220187

Date : 3. Oct. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8166S

Date of Accident: 1. Oct. 2018

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

1. The repair job shall bill to: NTUC SKA1061G

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

\$1,450.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 3/10/18

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/INC18017858/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 16-10-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKA 1061G	Veh. Inspected	SHC 8166S
Policy No.	5099848419	Coverage (\$)	0.00
Claim No.	MT/1013958-002	Excess (\$)	0.00
Assign From		Assign Date	02/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087892	Colour	BLUE
Odometer	393722	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	01/10/2018	Inspection Date	02/10/2018
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
-------------------------------------	----------------

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8166S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	544.50	544.50
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL RIM (LH)	SERVICEABLE	325.30	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-358.14	-243.58
			1,432.56	974.32
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	25.00	-
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			155.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		440.00	300.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	TUFF KOTE.		50.00	30.00
	FRONT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,010.00	730.00
GRAND TOTAL			2,597.56	1,804.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC18017858/K1qbn2



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.