

ASS. REC. BY:

REF:

CS/SPF18018257/Asd302

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Frankie Thau

of

SPF

Date/Time:

9/10/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKV 4455Z

Insured:

QX 705Y

at Workshop m/s

Leang Automotive

Tel:

90286516

of

1 Kaki Bkt Ave 6 # 01-68

Policy No:

Claim No:

AFMD 11051009/2018/119

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 06/10/18

CA / REV / REP. / REV 24 HRS

1 up?

H.O.D. Endorsement:

Date/Time:

9.26am @ 9/10/18

Person Contacted:

Mr. Leang

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

SKV 4455Z - CC41AXA17006952/Ukb3q2 DOA: 5/4/17

QX 705Y - X

01/11/18

Submit

L/S \$3,200/- @ 4 days

(\$3,565.76 Red - 45%)

Range - \$3,000/- - \$4,000/-

REF: SPF

ASSIGNMENT

From: Date: 9/10/18

Estimated Cost:

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

To Inspect Vehicle No: SKV 4455Z

at Workshop m/s Leang Automotive

of 1 Kaki Bkt Ave 6 #01-68

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.

| | |
|-----|-----|
| N/S | O/S |
| | |

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 'up

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: 8KV4455Z Yr Regn: 2010 / July.

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

Truck / Trailer or

Make: Mazda 3 HB C.C. 1598

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

Sp. Reading: 133905 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JM6BL1021A 6975

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim or

Tyre Size: F: 205/50R17.

R: 205/50R17.

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 09/10/18.

Survey held at

Leang Automotive

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

Front 4/5.

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

Date / Time

Action / Instruction

TP SPF

RECEIVED 01 NOV 2018

Date/Time, File Pass to?

01/11/18

1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: /

Survey Fee:

Transportation:

) S + RS SI

) Photos

) Others

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

Report Format:

Lump Sum / I.B.I. (\$ 3,200/- 4/5)

TOTAL

280



SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SKV4455Z

Our Ref : AEMD/105/009/2018/119

Tel: 64784841

Fax: 64784848

Date : 8 Oct 2018

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 # 01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir,

**ACCIDENT INVOLVING GOVERNMENT VEHICLE QX705Y AND OTHER VEHICLE
SKV4455Z ON 6/10/2018**

We refer to the above matter.

- 2 Kindly arrange for a Pre-repair inspection for SKV4455Z @ M/s Leang Automotive, No.1 Kaki Bukit Avenue 6 #01-68 Singapore 417883, please call 90286516 for an appointment.
- 3 Third party survey will not be provided.
- 4 Thank you.

Yours faithfully,

Frankie Thay
Safe Driving Manager
for ASST DIRECTOR

A FORCE FOR THE NATION

MSME18129684 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 06/10/2018 12:15
SUBMITTED BY: Wen Ying

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 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. 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 06/10/2018 12:15
Date Of Accident 06/10/2018 08:10
Exact Location Of Accident LENGKONG TIGA OPEN SPACE CP BETWEEN B/114 & B/116.
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV4455Z
Insured/Policyholder
Name Of Registered Owner PAUL NORMAN FALZON
NRIC No S7464513E
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-93664974
Alternative Phone No OFFICE-93664974

Vehicle Particulars

Manufacturer MAZDA
Model 3
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 PRIVATE CAR

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SI18V00161/VPE/R02/E00
Cover Note Number

Driver

Name of Driver PAUL NORMAN FALZON
NRIC No S7464513E
Date Of Birth 17/08/1974
Occupation INDOOR
Date Of Driving Pass 20/01/2005
Driving Experience 13 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93664974
Fax Number
Contact Number OFFICE-93664974
EMail Address NOEMAIL

Address 114 LENGKONG TIGA #04-177
 Postcode 410114
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? 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) 0

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE NO. T/20181006/2041.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number QX705Y
 Vehicle Make/Model/Colour
 Details Of Properties VEH B
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

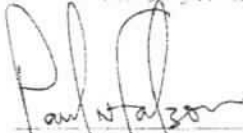
No. Of Passenger (Including Driver)

Accident 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 Authorized 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 invalidate policy liability.
4. Filling in this document on 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 Rewards 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 delivery of this report to the insurers you hereby consent to the publishing of this report at the centre and to copies of the report being made available to others.
8. Consents under the Personal Data Protection Act (PDPA):
 - a. I understand, acknowledge, agree and consent that:
 - i. My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use and store 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 (an 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:
 1. processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 2. investigating the accident and/or my claims;
 3. enforcing and/or dealing with my instructions or responding to any enquiries by me;
 4. 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 return of cover of a vehicle(s), "coverages", and/or
 5. complying with applicable law in administering, collecting, handling and/or dealing with my claims (collectively the "Purposes").
 - ii. 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
 - iii. My Personal Information may/ear be disclosed by any of the insurers and/or GIA to their third party service providers or representatives using their lawyers/law firms which may be sited outside of Singapore, for one or more of the above Purposes.
 - iv. Furthermore, information will also be collected and used to update claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - v. The information be collected under (i) above may be shared / disclosed:
 1. to insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory law enforcement and government agencies as reasonably required for the purposes stated; or
 2. in compliance 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/ID No:

2018 Auto

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See police report

DECLARATION

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

[Signature]
Policymaker's Signature

Date & Time:

Driver's Signature

(If driver is not the policymaker)

Date & Time:

6/10/18 11.15AM
[Signature]
Reporting Centre Personnel's Signature

Name:

NRIC/PIN No

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181008/2041

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20181008/2041

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|-------------------------|----------------------------|
| Date/Time Report Made: 06/10/2018 10:26 | | Vide Report No. | | Station Diary No. 10 | |
| Informant's Particulars | | | | | |
| Name of Informant: PAUL NORMAN FALZON | | | Address: APT BLK 114 LENGKONG TIGA #04-177 SINGAPORE 410114 | | |
| ID Type / ID No.: NRIC NO / S7464513E | | | Contact No. Home/Office: | | Mobile: 93664974 |
| Nationality: AUSTRALIAN | | | Email: | | |
| Sex: Male | Age: 44 | Date of Birth: 17/08/1974 | Type of Informant: Vehicle Owner | | |
| Race: Maltese | | | Language: English | | Institution / School Name: |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | |
|---|----------------------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/10/2018 08:10 | Type of Location: Car Park |
| Location: Along Road 1 LENGKONG TIGA | | | | |
| OPEN SPACE CARPARK, BETWEEN B/114 AND B/116 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|-------|---------|-------|------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SKV4455Z | Car | MAZDA | MAZDA 3 | Red | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Accident Sketch Plan Pg. 1

**SINGAPORE
POLICE FORCE**

T/20181006/2041

2 of 3

Police Station Of Origin
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20181006/2041

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|--|---------------------------------|
| Vehicle Owner | | | |
| Name | PAUL NORMAN FALZON | ID No. | S7464513E |
| Related Vehicle | SKV4455Z (Car) | Contact No. | 93664974 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the 06/10/18 at about 0800hrs, I was at home when my neighbor informed that my vehicle bearing registration number SKV4455Z was involved in a collision.

I went down to make a check at the carpark and realized that police were already at scene. The police informed me that my parked vehicle was involved in a collision with a police vehicle and sought my assistance to hand over my in-car camera memory card to assist in their investigations.

My vehicle sustained a slight dent and scratches on the quarter panel near to the front passenger door, as well as scratches on the front left tyre rim.

I have since handed over 16GB memory card for my iROAD in-car camera to the officer at scene. I wish to state that my in-car camera operates 24 hours.

I am lodging this report reference G/20181006/0060, in-charge case IO Ken.

Accident Sketch Plan Pg. 1

SINGAPORE
POLICE FORCE

T/20181006/2041

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20181006/2041

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:
G /
Sgt 3 MUHAMMAD AZHAR BIN MISSUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/10/2018 10:26

Officer in Charge Of Case.
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP158

TP SPF Shirley.

NO.:

Date:

SKV 445JZ MAZDA 3

JM6BL10Z1A0169975

| | | |
|-----------------------|--|--------|
| FR bumper . | \$1520.50 ¹¹⁰⁵ ✓ | torn |
| 10pcs FR bumper clips | \$8.50 x 10 30 ✓ | new |
| FR bumper retain LH . | \$28.85 ²²⁹⁴ X | None |
| LH headlamp . | \$2459 ✓ | lt |
| FR LH fender . | \$475 ✓ | Dented |
| FR LH sports rim | \$1182.60 X | None |

3904

3123.20

NO.:

Date:

- To check wiring ~~\$50~~ 30
 To conduct wheel alignment \$65 X
 To remove, refix and replace all affected parts ~~\$500~~ 400
 To spray paint on all affected areas ~~\$550~~ 450

880.

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 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

Acknowledged by Repairer

Signature:

Date:

Total 8803.20

H/S: 3.2K

04 Days.

3.21L

5765.76



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

| Affiliated to Federation Internationale Des Experts En Automobile | | | | |
|--|--|--|---|------------|
| PUBLIC TRANSPORT SECURITY COMMAND | | | Ref : CS/SPF18018257/Asd3e2 | |
| (SINGAPORE POLICE FORCE) NO 132 PAYA LEBAR ROAD (GEYLANG BASE)SINGAPORE 409014 | | | Date : 03-12-2018 <div style="text-align: right;"> </div> | |
| ATTN : FRANKIE THAY | | | Code : SPF2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| | Insured Veh. | QX 705Y | Veh. Inspected | SKV 4455Z |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | AEMD/105/009/2018/119 | Excess (\$) | 0.00 |
| | Assign From | FRANKIE THAY | Assign Date | 09/10/2018 |
| 2. Vehicle Particulars & Condition | | | | |
| | Make & Model | MAZDA3 1.6L HB | c.c | 1598 |
| | Engine No. | HIDDEN | Year of Reg. | 2010 |
| | Chassis No. | JM6BL10Z1A0169975 | Colour | RED |
| | Odometer | 133905 | Steering | IN ORDER |
| | Brakes | IN ORDER | Modification | SPORTS RIM |
| | General | GOOD | | |
| 3. Conditions of Tyres | | | | |
| | | Size | Make | Balance |
| | R/H Front Tyre | 205/50 R17 | GOODYEAR | 6 mm |
| | L/H Front Tyre | 205/50 R17 | GOODYEAR | 6 mm |
| | R/H Rear Tyre | 205/50 R17 | GOODYEAR | 6 mm |
| | L/H Rear Tyre | 205/50 R17 | GOODYEAR | 6 mm |
| 4. Description of Damages | | | | |
| | THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | | |
| | Accident Date | 06/10/2018 | Inspection Date | 09/10/2018 |
| | Survey held at | LEANG AUTOMOTIVE BLK 1 KAKI BUKIT AVE 6 #01-68 AUTOBAY@ KAKI BUKIT SINGAPORE 417883 | | |
| 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: | | 4 Working Days | |



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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKV 4455Z

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|---------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRT BUMPER | TORN | 1,520.50 | 1,105.00 |
| 10 | FRT BUMPER CLIPS | NECESSARY | 85.00 | 30.00 |
| 1 | FRT BUMPER RETAINER LH | NOT NECESSARY | 28.85 | - |
| 1 | LH HEADLAMP | CUT | 2,459.00 | 2,294.00 |
| 1 | FRT LH FENDER | DENTED | 475.00 | 475.00 |
| 1 | FRT LH SPORTS RIM | NOT NECESSARY | 1,182.60 | - |
| | LESS 20% DISCOUNT | | -1,150.19 | -780.80 |
| | | | 4,600.76 | 3,123.20 |
| | <u>LABOUR</u> | | | |
| | TO CHECK WIRING. | | 50.00 | 30.00 |
| | TO CONDUCT WHEEL ALIGNMENT. | NOT NECESSARY | 65.00 | - |
| | TO REMOVE, REFIX AND REPLACE ALL AFFECTED PARTS. | | 500.00 | 400.00 |
| | TO SPRAY PAINT ON ALL AFFECTED AREAS. | | 550.00 | 450.00 |
| | | | 1,165.00 | 880.00 |
| | GRAND TOTAL | | 5,765.76 | 4,003.20 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | 3,200.00 |

Report Ref No. CS/SPF18018257/Asd3e2

NOTES : THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000-\$4,000

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.