BITTELIN: KOLVIN REF: NS/INIC 180	19651/Klvbn2
ASS	IGNMENT
	TO POST OF THE POS
EstimatedCost: Date:	Ven'No: SHC 2639 J Yr Regn: 650p, 2018
OD TP WS ITP RES I OD RES I EVA I INVIMV	Type: M.Car / M.Cycle / Bus / Van / Lorry / T / Prime Mover /
To inspeavenicle No:	Truck / Trailer or
± Workstep m/s	Make: Hunder Ionig co 1500
	Colour B/ce A/C: Insued/Std/NI/NA
nsured: ShL 3007R	Sp.Reading 17 352 T/Radio: Insuged / Std / NI / NA
Transcale 1 11 19 19	Eng/No:
Policy No 5623299 260 -11 11.19.18 - 100910	C/No: KMHL851CVK410753
MT 101 7667 -002	Gen. Cond: Good / For / Poor / Burnt
SumInstrad: Excess:	Steering: Inord 4 Jammed / Leaked / Burnt or
(Client'sRecord)	Brake: Inord / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STO A/Rim or
20 CO	Tyre Size; F: 195/6+ 165
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / 10 OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
4DAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. J mm L/Bal. J mm
Est Repais: days Res.: Yes or No	D.O.A. 28/10/18 D.O.I. 29/10/18
Lure Sum: % 3 Val.: Yes or No	Survey held at CDGE (Loyang)
CA / PEV / PEP	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted;	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The state of the s
SII(2639J - C3/F(1)2001615/Rin	DA 051112 INC
SOL BUDGR - CCE /EDIT 7474141 /SWD	
31/10/18 Cobrand PIP\$ 2652.32/3,	Py. (Red 478.24 1590)
BECEIVED.	2018 / mm-3/6
RECEIVED	0 (110) 2010
-	V=1-1-
10.1	3/10/20/
***	' ''
Date/Time. File Pess to? : Prell. Report	Days Of Repair: 3
1) : Final Report	Resurvey No. of Trip: Survey Fee:
DalaTime, File Raturn to?	Transportation:
2) Ili - typist Add Fe	
- The state of the	
	: Interview (\$-) Photos
Report Format: TP	: Tech, Invs (\$) Others

29/10/2018

Date:

CINIO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
2 -	MT/1017706-002	COMFORT TRANSPORTATION PTE LTD	SHD 4701T	XD 3489Z
1 0	MAT/1017524-002	COMFORT TRANSPORTATION PTE LTD	SHB 4146G	SLV 7887D
2 0	MAT/1017/02-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJR 7536L
0 5	MAT/1016198-002	CITYCAB PTE LTD	SHB 3262K	XD 9615L
1 L	MAT/101700E 001	COMEORT TRANSPORTATION PTE LTD	SH 9128P	SKT 8473E
0 4	MAT/1017667-002	COMFORT TRANSPORTATION PTE LTD	SHC 2639J	SGL 3007R
0 1	MT/1017764-002	COMFORT TRANSPORTATION PTE LTD	SHC 1323B	SDY 1368D

eBaoTech									Genera	IClaim
Hello, NAC_PAYA_UBI_800	0601			the same of the sa		• Change	Language	• Chang	ge Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date o	f Accident	2	8/10/2018 1	6:40	
	Vehicle No.(For Motor)	SGL300	7R.		Certific	cate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	© 5023299260-		CHAN HOCK GUAN KENNETH	S1463090B	GPC	drivo CLASSIC	SGL3007R	SGL3007R	11/09/2018	10/09/2019
					Continue					

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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

ACCIDENT STATEMENT

29/10/2018 08:12 Date Of Report 28/10/2018 08:15 Date Of Accident

WOODLANDS DRIVE 44 TWDS DRIVE 16 T JUNCTION. Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SHC2639J Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG **Email Address**

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer IONIQ HYBRID Model

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?

THIRD PARTY If No, Please state action to be taken

TAXI Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

ABDUL AZIZ S/O ABDUL RAHMAN Name of Driver

S1261063G NRIC No 11/07/1957 Date Of Birth OUTDOOR Occupation 08/12/1980 **Date Of Driving Pass**

37 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96666094 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

BLK 863 WOODLANDS STREET 83

Address

#02-196

Postcode

730863

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

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 2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

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 * 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

SGL3007R

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LH REAR

No. Of Passenger (Including Driver)

Page 2 of 17

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 flability.
- 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.
- 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.
- 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)
 - (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
- (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

GIARDAC ShelishPlanForm V3

SKETCH PLAN	on a program particle of the control
	Anve 16 topolisme
A) 540 2690 B) 5004	
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT
	OU. 28 00+2018 @ 08.15/m I WEHT
	was drivoir on the above location. on
	Dre law, are lone only con turn left.
210000	Sudderly Wett Is how 1st lone down into In
	lance to make a left turn at the Jumpu
	I - VEH A Erbrake. Uch Is love only can
	go stor tun Right. at the point of accident
	NO par on vet A.
	The second secon

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD \

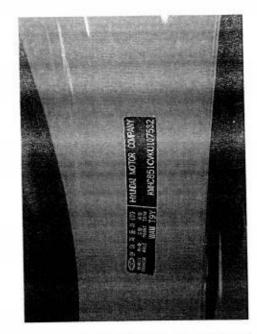
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

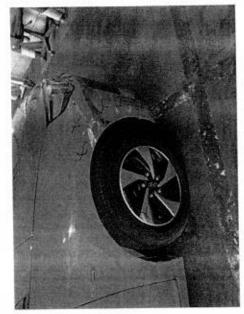
Date & Time:

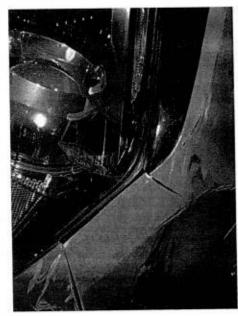
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

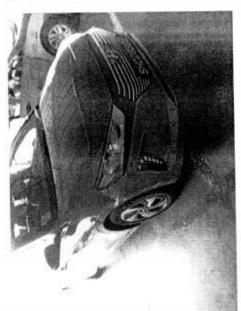
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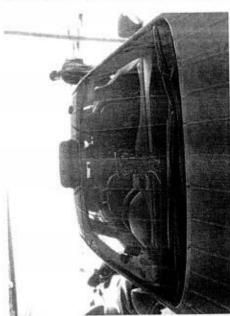












COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC2639J

MAKE

: HYUNDAI

29. Oct. 2018 DATE:

DEL	: HYUNDAI : IONIQ	DOA:	28. Oct. 2018	<u>NTUC</u>
Qty	Parts Description/ Labour	Туре	Unit Price	Amount
3.7	1 Front Bumper Cover / Petronal			\$430.90
	1 Front Bumper Bracket – RH			\$33.10
	10 Front Rumper Clips		\$2.20	\$22.00
	Front Foundary DU / Red			\$490.70
	1 Front Fender Shield – RH			\$114.70
	1 Front Fender - RH 1 Front Fender Shield - RH 1 Headlamp - RH			\$ 1198.80
	SUB TOTAL			\$1,211.20
	LESS 20%			\$242.2
	DISCOUNTED TOTAL			\$968.9
	Labour Charge 1 Panel Beating 1 Spray Painting Charge 1 Wiring Charge 1 Tuff Kote	113/15 (A)	NEW YOR	200 \$400.0 \$500.0 20 \$50.0 20 \$50.0
	Ke his 16k4 29/10/18 TOTAL LABOUR 29/10/18/23069		TOWN RESTAURCE COLL BRUA	\$1,000.0
Larry N	3 by ESTIMATE TOTAL	3	10/16	\$1,968.9 3130-56
	This is an initial estimate based on a visual inspection of t	he above v	ehicle. The final repair o	quantum will

COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.10.2018 Time: 10:30:31

REPAIR ESTIMATE

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 REGN NO : SHC2639J

: 305231602

MILEAGE

MAKE

: 00000000000 : HYUNDAI

MODEL

: IONIQ(G2)

DATE OF REGN : 06.09.2018 DATE/TIME IN : 28.10.2018

: 28.10.2018 09:35

ACCIDENT DATE : 28.10.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G IONIQV2 COVER-FR BUMPER# 1 430.90 20.00 344.72

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0003 04-01-0104-0573-G IONIQVC PANEL-FENDER RH# 1 490.70 20.00 392.56

0004 04-01-0104-2915-G IONIQVC LAMP ASSY-HEAD RH 1 1,198.80 20.00 959.04

NC (A) 0005 04-01-0104-3913-G IONIQ EMBLEM-BLUE DRIVE R 1 26.60 20.00 21.28

0006 03-01-0104-2061-G IONIQV1/3 CAP ASSY-WHEEL 1 346.40 20.00 277.12 (A)

SUB-TOTAL : 2,012.32

JOB NATURE

200.00 PANEL BEATING 0000 L

400.00 SPRAYPAINT ON AFFECTED AREA 0001 23-502

20.00 WIRING CHARGE 0002 17-01

20.00 TUFF COAT ON AFFECTED PARTS. 0003 20-00

SUB-TOTAL: 640.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.10.2018 Time: 10:30:31

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO

: 305231602 : SHC2639J

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: IONIQ(G2)

DATE OF REGN : 06.09.2018 DATE/TIME IN : 28.10.2018 09:35

ACCIDENT DATE : 28.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,652.32

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 0029:310:2018 09:49 Page: 1

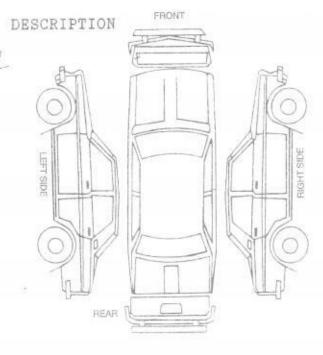
Team:	ARC Repair TP(CLSO)1	JOB	CARD	Sales Order:	JC NO.: 305231602	
STOMER	V	LI PO COLONIA	· ANCE	REGN NO. SHC2639J	MILEAGE	
VMS STOMER NO.	COMFORT TRANSPORTATION PTE 7010045	LTD	VARS	MAKE: HYUNDAI	FUEL E	8
DEFEC	383 SIN MING DRIVE Singapore SINGAPORE 575717			MODEL IONIQ(G2	DATE/TIME IN 28.10.2018 09:35	
	65508755 (O)			YR OF MANU. 06.09.20	118 TARGET DATE	
(F)	TVAVC.		B	CHASSIS CODE KMHC851C	CVKU107532 COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 28.10.2018 NATURE: 3P 28.10.2018

S/NO

NITHC- RIGHT FOR Laway



IECKED & PASSED OUT BY:		==	
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
owledgement Slip		Exit Pass	
o.: le No.: SHC2639J	LARRY	Vehicle No.: SHC2639J	
Larry NG	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 . 305231602 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 31. Oct. 2018 Date FINALIZATION FORM Fax: LKK KALVIN Attn : 28. Oct. 2018 Date of Accident: Vehicle Reg No. : SHC2639J The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SGL3007R NTUC The repair job shall bill to: 2. The finalized amount shall be: \$2,012.32 Spare Parts after List discount Labour Charges (b) \$2,652.32 Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost Estimated normal period for repairs: ______ working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and 5. Thank you for your assistance. finalized amount Signature: Signature: Larry Ng Name Name Date : 6214 8316 Tel : 6546 8156 Fax For Official Use Only Document Confirm By Remarks Attached Amount Item (Signature) Yes or No YES Rental Rate P/Day Loss of Income Paid

Remarks:			
-			

Survey Fees
 LTA Search Fee
 Medical Fees (on behalf of driver, if applicable)

Overrun



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTU	IC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1801965	51/K1vbn2
		D UNION HOUSESINGAPORE	Date:	07-11-2018	
		Delieu Deutieuleus	200000	INC4	North Service (a) Service Carlo
1.	Insured Veh.	Policy Particulars SGL 3007R	-	nspected	SHC 2639J
_	Policy No.	5023299260-11	JC2457733943	age (\$)	0.00
	Claim No.	MT/1017667-002	_		0.00
	Assign From	W171017007-002	Excess (\$) Assign Date		29/10/2018
2.	Assignifican	Vehicle Parti	-	LATACHURAPIAN,	
۷.	Make & Model	HYUNDAI IONIQ	c.c	Condition	1580
_	Engine No.	HIDDEN	C0000000	of Reg.	2018
_	Chassis No.	KMHC851CVKU107532	Colou	THE PARTY OF THE P	BLUE
_	Odometer	17352			IN ORDER
	Brakes	IN ORDER	Steering Modification		STANDARD ALLOY RIM
_	General	FAIR	Modif	cation	STANDARD ALEOT KIM
3.	General	5737867	ions of	Tyron	
J.		Size	Make	Tyles	Balance
	R/H Front Tyre	195/65 R15	MICHE	1 IN	7 mm
		195/65 R15	MICHE	STREET,	7 mm
	L/H Front Tyre		MICHE	PEW	7 mm
	R/H Rear Tyre	195/65 R15	200000000000000000000000000000000000000	(A25.04)	(C) (C) (C)
	L/H Rear Tyre	195/65 R15	MICHE		7 mm
4.	True vernore en	Descripti STAINED DAMAGES AT THE O/S			
	DAMAGES SEE D		5 FRON	FORTION.	
5.		Genera	l Inform	ation	ivs is standard their
	Accident Date	28/10/2018	Inspe	ction Date	29/10/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		R	emarks		
		ON WAS CONDUCTED ON A"WITCE TO YOUR INSTRUCTIONS, W			
		Estimate	-	Develo	

3 Working Days

ESTIMATED NORMAL PERIOD FOR REPAIR:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2639J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	430.90	430.90
	FRONT BUMPER BRACKET-RH	SERVICEABLE	33.10	-
111.7	FRONT BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
	FRONT FENDER-RH	DENTED	490.70	490.70
	FRONT FENDER SHIELD-RH	SERVICEABLE	114.70	2-
	HEADLAMP-RH	GRAZED	1,198.80	1,198.80
1	IONIQ EMBLEM-BLUE DRIVE R	NECESSARY	26.60	26.60
	IONIQV1/3 CAP ASSY-WHEEL	GRAZED	346.40	346.40
-	LESS 20% DISCOUNT	PAGE 10 10 10 10 10 10 10 10 10 10 10 10 10	-532.64	-503.08
			2,130.56	2,012.32
	LABOUR		/	
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.	1	500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
			1,000.00	640.00
	GRAND TOTAL		3,130.56	2,652.32

RECOMMENDED COST OF REPAIRS (CONFIRMED)	2,652.32
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Report Ref No. NS/INC18019651/K1vbn2

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part, Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.