

22/03/2002

ASS. REC. BY:

REF: CS/FCI18020683/ Nt d301 Special Instruction:

Deru

Surveyor: Naz ASSIGNMENT (Office)From (Person): Githara of FCI Date/Time: 15/11/18 @ 12:10pm

Estimated Cost: _____ Bill to: _____

OD TP WS/TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLL 3390Z Insured: SHC0801Uat Workshop m/s Automotive Repair Tel: 64688834of 38 Woodlands Ind. Park E1 #05-18Policy No: _____ Claim No: D18008082MFST

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/11/2018
(Client's Record) 11/11/18

CA / REV / REP. / REV 24 HRS (DS) H.O.D. Endorsement: _____

Date/Time: 12:17pm @ 15/11/18 Person Contacted: Soochian Vehicle IN/OUT OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SLL 3390Z-X</u>
	<u>SHC0801U-NA/INC13021646/d2</u>
<u>16/11/18-</u>	<u>VNI yet. (Raymond)</u>
<u>23/11 @</u>	<u>Revised. preli advice via email.</u>

DOA: 16/11/2013

REF:

REF:

Surveyor: NAZ

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:

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: 2 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SLL 3390Z

Yr Regn:

2, 17

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

Truck / Trailer or

Make:

NISSAN QASHQAI

C.C. 1997

Colour

WHITE

A/C: Insured / Std / NI / NA

Sp. Reading

34,882

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SJNFBAJ11U1903991

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225/45 R19

R:

11

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

TOYO / YOKO or

CONTINENTAL

Front

Rear

R/Bal.

5

mm

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

12/11/18

D.O.A.

9/11/18

Survey held at

AUTOMOTIVE REPAIR

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

14/12/18

CONFIRMED PART BY PART REPAIR @ 2,389 / 2 DAYS - NAZ

Cost: 861,26%

RECEIVED 14 DEC 2018

FCI P/R

14/12/2018

Date/Time, File Pass to?

☐

: Preli Report

☒

: Final Report

1) 14/12 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 2389

Days Of Repair: 2

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp

(\$

☐

: Interview

(\$

☐

: Tech. Invs

(\$

☐

: Weekend

(\$

S + RS - SI

Photos

Others

TOTAL

130
50
50+50
29
319

MOTOR SURVEY ASSIGNMENT

Date	13-11-2018	Our Ref No. D18008082MFSH
Accident Date	12-11-2018	Claim Type. Third Party
Insured Vehicle	SHC0801U	Third Party Vehicle. SLL3390Z
Survey Location	38 WOODLANDS INDUSTRIAL PARK E1 #05-18	
Contact Person.	RAYMOND TAN	
Contact No.	64688834/ 0	Fax No. 64622278
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	AUTOMOTIVE REPAIR CENTRE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Friday, 23 November 2018 3:01 PM
To: Admin-D (LKKAUTO); 'CWS Motor Claims'; assignments
Cc: 'Sithara'; SUR
Subject: RE: SURVEY ASSESSMENT - D18008082MFSH/1
Attachments: PRELI ADVISED SLL 3390Z.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLL 3390Z**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAUTO)
Sent: Thursday, 15 November 2018 12:22 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18008082MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed vehicle not in the workshop, repairer will arrange.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Thursday, 15 November 2018 12:09 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18008082MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18008082MFSH

Date: 23/11/2018

Our Ref: CS/FCI18020683/Ntd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

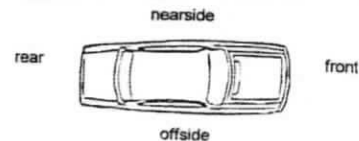
INITIAL INSPECTION REPORT OF VEHICLE NO. SLL 3390Z

Please be informed that we had conducted the inspection of the abovementioned vehicle 19/11/2018 at the premises of M/s Automotive Repair have the following to report: -

Workshop Estimate Amount	: S\$ <u>3,250.00</u>
Revised Estimate Amount	: S\$ <u>1,090.00</u>
"Check" Items Amount	: S\$ <u>2,110.00</u>
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the
Rear portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Rasul

Automotive Assessor

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	12/11/2018 16:32
Date Of Accident	12/11/2018 08:30
Exact Location Of Accident	WOODLANDS AVE 12 BEFORE TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3390Z
Insured/Policyholder	
Name Of Registered Owner	AU NYUT SING
NRIC No	S7171004A
Email Address	AGNESANS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97876998
Alternative Phone No	OTHERS-97876998

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00002173
Cover Note Number	

Driver

Name of Driver	AU NYUT SING
NRIC No	S7171004A
Date Of Birth	29/08/1971
Occupation	INDOOR
Date Of Driving Pass	19/06/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97876998
Fax Number	
Contact Number	OTHERS-97876998
EEmail Address	AGNESANS@GMAIL.COM

Address	71 CHOA CHU KANG LOOP #12-05
Postcode	689673
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	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	
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)	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 TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL SUBMIT UPON REQUEST
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC801U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AZMAN BIN YUSOF
NRIC/Passport Number	S7248211E
Contact Number	98802495
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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 willful 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.

Policyholder's Signature

Date & Time: 12/11/2018
16:32 hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

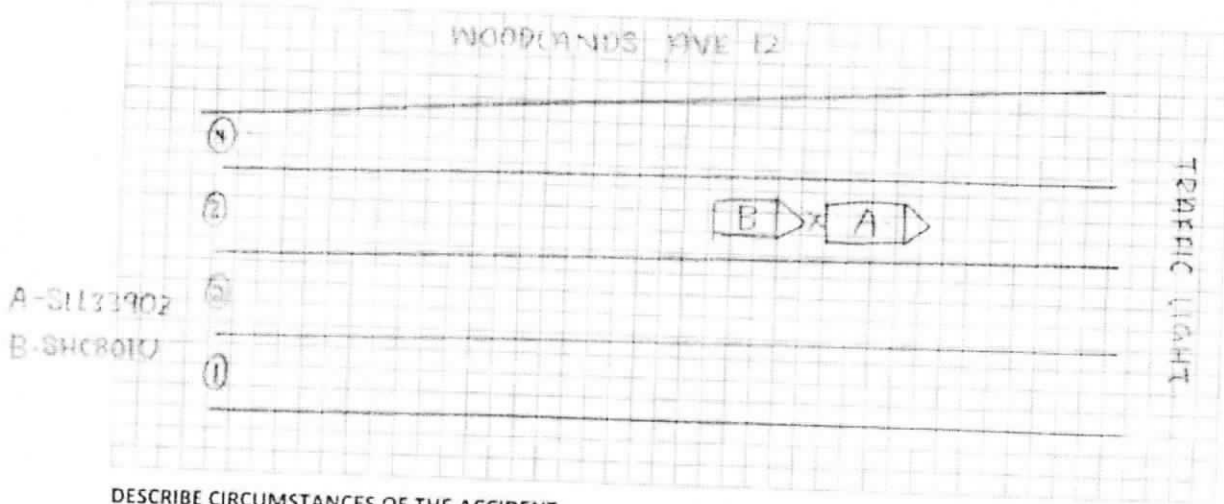
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No:

20181112 16:32

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the said date and time - I was driving along Woodlands Ave 12. My car has come to a stationary position as the traffic light was red at that time. Suddenly car B which was behind me collided into the rear of my car. I have video footage showing this incident.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/11/2018

16:30 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Automotive Repair Centre Pte Ltd
CO. Reg. No. : 201312913C

Estimate

38 Woodlands Industrial Park E1
#05-18, Singapore 757700
Tel: 64688834 Fax: 64622278
E-mail: info@automotiverepaircentre.com.sg

ESTIMATE NO. : EST1811-103
DATE : 12-Nov-2018
POLICY NO. : FWD PNPV2018-00002173
VEHICLE REG. NO. : SLL3390Z
VEHICLE MAKE : NISSAN QASHQAI 2.0 CVT

TO Motor Claim Department
MS First Capital Insurance Limited
36 Robinson Road #16-01 City House
Singapore 068877
Tel: 6507 3848, Fax: 65073849

FOR SURVEYOR

ESTIMATE REPAIR COST

NO.	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST
SPARE PARTS				
1	Rear Bumper	1	\$ 780.00	\$ 780.00
2	Rear Bumper Clips	10	\$ 5.00	\$ 50.00
3	Rear Bumper Retainer RH	1	\$ 40.00	\$ 40.00
4	Rear Bumper Retainer LH	1	\$ 40.00	\$ 40.00
5	Rear Reinforcement	1	\$ 680.00	\$ 680.00
6	Rear Reinforcement Bracket RH	1	\$ 150.00	\$ 150.00
7	Rear Reinforcement Bracket LH	1	\$ 150.00	\$ 150.00
8	Rear Sponge	1	\$ 150.00	\$ 150.00
Total Spare Parts				\$ 2,040.00
SPECIAL NETT				
9	Reverse Sensor	1	\$ 200.00	\$ 200.00
Total Special Nett				\$ 200.00
LABOUR				
10	Spray painting Rear Bumper and Inner End Panel	1	\$ 400.00	\$ 400.00
11	Repair & Replace Affected Accident Area- Incl. Repair End Panel	1	\$ 500.00	\$ 500.00
12	Remove and Replace Rear Reverse Sensor	1	\$ 80.00	\$ 80.00
13	Check and Rectify Electrical Wiring	1	\$ 30.00	\$ 30.00

CRK
NEC
XSVL
XSVL
Br
Br
BT
XSVL
DEF
300
200
30
NEC

Estimate prepared by: Raymond Tan

The above is an estimate based on our inspection and does not cover any additional parts or labour which may be required after work has been started. Occasionally, worn or damaged parts are discovered which may not be evident on the first inspection. Because of this, the above price are not guaranteed. Quotation on parts and labour are current and subject to change.

Total Labour	\$ 1,010.00
Amount Before Excess	\$ 3,250.00
Add GST @ 7%	227.50
Total Amount Payable	\$ 3,477.50

NA2 LKIK

19/11/18

PIP

2 DAYS

CHECK ITEMS PHOTO
BEFORE PAINT PHOTO

PARTS : 1,810
LESS 10% 1,629
SNETT 200
LABOUR 560
TOTAL \$2,389

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 are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:




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				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18020683/Ntd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 18-12-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 801U	Veh. Inspected	SLL 3390Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18008082MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	15/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	NISSAN QASHQAI	c.c	1997	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	SJNFBAJ11U1903991	Colour	WHITE	
Odometer	34882	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/45 R19	CONTINENTAL	5 mm	
L/H Front Tyre	225/45 R19	CONTINENTAL	5 mm	
R/H Rear Tyre	225/45 R19	CONTINENTAL	6 mm	
L/H Rear Tyre	225/45 R19	CONTINENTAL	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/11/2018	Inspection Date	19/11/2018	
Survey held at	AUTOMOTIVE REPAIR CENTRE PTE LTD 38 WOODLANDS INDUSTRIAL PARK E1 # 05-18 SINGAPORE 757700			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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. SLL 3390Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CRACKED	780.00	780.00
10	REAR BUMPER CLIPS @\$5.00	NECESSARY	50.00	50.00
1	REAR BUMPER RETAINER RH	SERVICEABLE	40.00	-
1	REAR BUMPER RETAINER LH	SERVICEABLE	40.00	-
1	REAR REINFORCEMENT	BENT	680.00	680.00
1	REAR REINFORCEMENT BRACKET RH	BENT	150.00	150.00
1	REAR REINFORCEMENT BRACKET LH	BENT	150.00	150.00
1	REAR SPONGE	SERVICEABLE	150.00	-
	LESS 10% DISCOUNT		-	-181.00
			2,040.00	1,629.00
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	DEFORMED	200.00	200.00
			200.00	200.00
	<u>LABOUR</u>			
	SPRAY PAINTING REAR BUMPER AND INNER END PANEL.		400.00	300.00
	REPAIR & REPLACE AFFECTED ACCIDENT AREA - INCL. REPAIR END PANEL.		500.00	200.00
	REMOVE AND REPLACE REAR REVERSE SENSOR.		80.00	30.00
	CHECK AND RECTIFY ELECTRICAL WIRING.		30.00	30.00
			1,010.00	560.00
	GRAND TOTAL		3,250.00	2,389.00
	RECOMMENDED COST OF REPAIRS			2,389.00

Report Ref No. CS/FCI18020683/Ntd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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 replying on this Report, in whole or in part, does so at his or her own risk.