

Surveyor:

Kalvin

REF:

NS/INC1802007/Klsbn2

# ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No:

At Workshop m/s

of

Insured: SKU 1146R

Policy No. 5101334904

300618 - M0619

Claims No. MT/1022781 - 002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Est. 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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SH C 425 Y

Yr Regn: 15 Dec 2017

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

Truck / Trailer or

Make:

Hyundai 240

cc 1685

Colour:

yellow

A/C: Insd / Std / NI / NA

Sp. Reading

14 28 63

T/Radio: Insd / Std / NI / NA

Eng/No:

C/No:

KM HCB-41UMH4100050

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor / Jammed / Leaked / Burnt or

Brake: Inor / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 205/60R16

R:

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

TOYO / YOKO or

Canyon

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

5/12/18

D.O.I.

6/12/18

Survey held at

CDGE (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 425Y - NA / MSG 16003453 / hll

Dat: 21022016

Inc

SKU 1146R - X

RP

10/12/18 Check P/P \$ 485.68 / 2 Pys.

10/12/18 Confirm P/P \$ 485.68 / 2 days with Kalvin.  
(\$ 1,217.76 Red - 72%)

RECEIVED 18 DEC 2018

Date/Time, File Pass to?

10/12/18

☐ : Prel. Report

☒ : Final Report

1)

Types

Date/Time, File Return to?

2)

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

Report Format:

Lump Sum / I.B.I: (\$ 485.68 P/P)

160

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="05/12/2018 17:33"/>							
Vehicle No.(For Motor)	<input type="text" value="SKU1146R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="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"/>	5101334904		LEE CHEE BENG	S7812425C	GPC	drive CLASSIC	SKU1146R	SKU1146R	30/06/2018	29/06/2019
<input type="button" value="Continue"/>										

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 10/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1022385-002	COMFORT TRASPORTATION PTE LTD	SH 9198L	SLV 53P	1/12/2018	4:00	\$ 7,646.76
2	MT/1021903-002	COMFORT TRASPORTATION PTE LTD	SHD 6999M	GBG 5450R	29/11/2018	9:05	\$ 10,450.46
3	MT/1022781-002	COMFORT TRASPORTATION PTE LTD	SHC 425Y	SKU 1146R	5/12/2018	19:15	\$ 1,703.44
4	MT/1023217-001	COMFORT TRASPORTATION PTE LTD	SH 8330C	GBH 7474D	4/12/2018	18:25	\$ 5,995.36
5	MT/1022166-002	COMFORT TRASPORTATION PTE LTD	SHC 2722B	SJR 3837U	1/12/2018	14:40	\$ 3,436.52
6	MT/1022821-002	COMFORT TRASPORTATION PTE LTD	SHA 964T	SFZ 9845L	06/12/2018	12:20	\$ 3,115.23

## 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	06/12/2018 12:10
Date Of Accident	05/12/2018 19:15
Exact Location Of Accident	BKE TWDS PIE BEFORE DAIRY FARM EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC425Y
<b>Insured/Policyholder</b>	
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	CHAN YEW WENG
NRIC No	S7003250C
Date Of Birth	04/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96193496
Fax Number	
Contact Number	
Email Address	OSEPHCYW10@GMAIL.COM

Address	329 04-366 SERANGOON AVENUE 3
Postcode	550329
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

SEE ATTACH.

#### 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

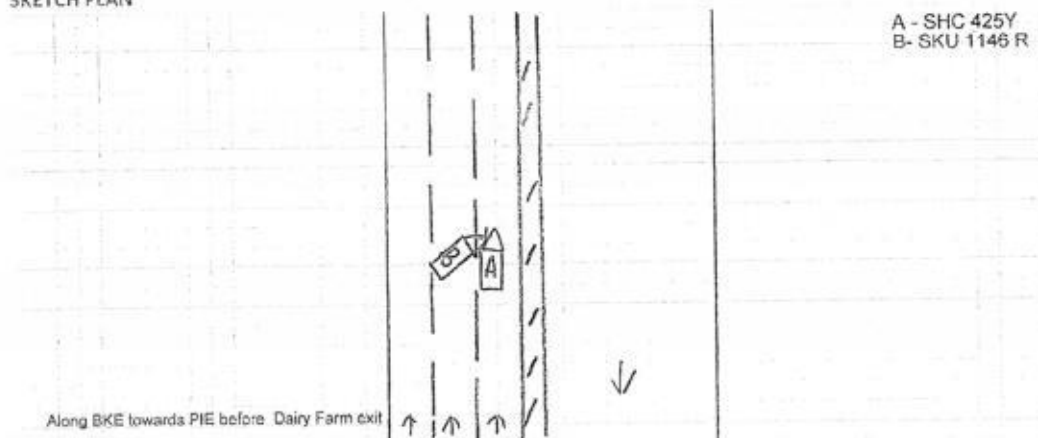
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU1146R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHEE BENG
NRIC/Passport Number	S7812425C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT SIDE

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05 DEC 18 @ 1915 HRS I was travelling along BKE towards PIE before Dairy farm exit with one male passenger onboard.
I was travelling on the extreme right lane. Suddenly, veh (B) SKU 1146R cut into my lane and hit my veh (A) front left portion. As it took place too fast i could not take evasive action to prevent the collision.
Both of us alighted and exchanged particular. I have company video and photos taken at scene to support my claims.
No injury in this accident.
Veh (B) - SKU 1146R MR LEE CHEE BENG (LI ZIMIN) S7812425C

## 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: 06 DEC 18 @ 1130HRS

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: June Tan

Loke Wei Yieng  
6/12/18


**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.

CHYUAB PTE LTD  
J. 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: Loke Wei Heng  
NRIC/FIN No.: 612118



COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.12.2018

REPAIR ESTIMATE

Time: 14:12:40

Page: 1

NTUC - C/P/P  
LKK - Kalvin

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305247738  
 REGN NO : SHC 425Y  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 15.12.2017  
 DATE/TIME IN : 06.12.2018 11:00  
 ACCIDENT DATE : 05.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A FRONT BUMPER 1 1,052.20 20.00 841.76

0002 04-01-0103-0658-G FRT WHEEL CAP LH 1 107.10 20.00 85.68

SUB-TOTAL : 927.44

## JOB NATURE

0000 20-05 FRT CAMPEON TYRE LH

0001 L PANEL BEATING

0002 23-502 SPRAYPAINT ON AFFECTED AREA

0003 L WHEEL ALIGNMENT

216.00 X SK

~~220.00~~ 200~~220.00~~ 200

120.00 X 17

SUB-TOTAL : 776.00

TOTAL : 1,703.44

MVA NAME &amp; SIGNATURE

DATE :

SURVEYOR NAME &amp; SIGNATURE

DATE :

Kalvin LKK  
 6/12/18 1430 hrs.  
 2 hrs.  
 P/P  
 After Repair photo

AUTHORISED: YES/NO

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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

# OMFORIDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508985

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

229 Upper Road Singapore 341988

24 Serangoon Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 06.12.2018 14:12

Page : 1

Team: ARC Repair TP(CFS0)1

## JOB CARD

Sales Order: 3879949

JC NO.: 305247738

OMER

S. CITYCAB PTE LTD  
OMER NO. 7010070  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65551188 (R) (O)  
(P)

JUNT CARD NO.

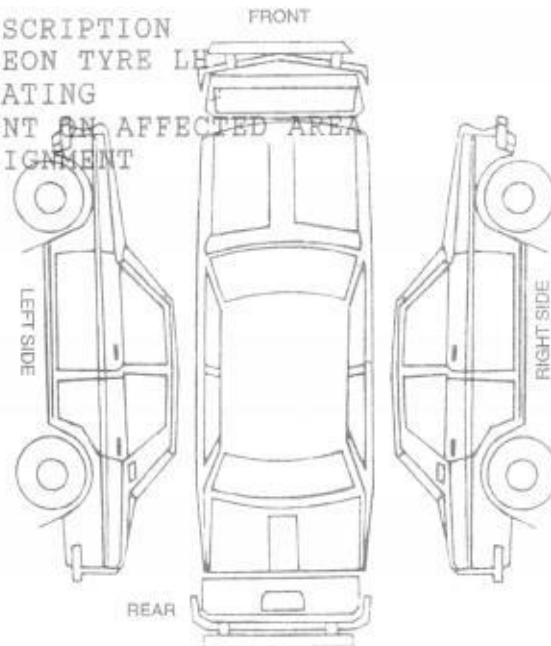
REGN NO.: SHC 425Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.12.2018 11:00
YR OF MANUF 15.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU100050	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 05.12.2018  
NATURE: 3P 05.12.18

S/NO	LABOR CODE
000030	20-05
000040	L
000050	23-502
000060	L

DESCRIPTION  
FRT CAMPEON TYRE LH  
PANEL BEATING  
SPRAYPAINT ON AFFECTED AREA  
WHEEL ALIGNMENT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC 425Y LIMITS

Vehicle No.: SHC 425Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.12.2018

## REPAIR ESTIMATE

Time: 10:08:41

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305247738  
REGN NO : SHC 425Y  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2017  
DATE/TIME IN : 06.12.2018 11:00  
ACCIDENT DATE : 05.12.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0658-G FRT WHEEL CAP LH 1 107.10 20.00 85.68

SUB-TOTAL : 85.68

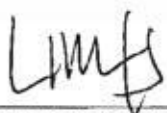
## JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 485.68

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

Our Job Ref No : 305247738  
Date : 08/12/18

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508909  
Fax: 6546 8156

### FINALIZATION FORM

To : LKK  
Attn : KALVIN ANG

Fax :

Vehicle Reg No. : SHC 425Y Date of Accident : 05-Dec-18

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


1. The repair job shall bill to: NTUC --- SKU1146R
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$85.68
  - (b) Labour Charges \$400.00
  - Total for Part-By-Part Repair Cost** \$485.68
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**Final Lumpsum Repair cost** \_\_\_\_\_


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 : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature   
Name : KALVIN  
Date : 10/12/18

### 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		NO		
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/INC18022007/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKU 1146R	Veh. Inspected	SHC 425Y
Policy No.	5101334904	Coverage (\$)	0.00
Claim No.	MT/1022781-002	Excess (\$)	0.00
Assign From		Assign Date	06/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU100050	Colour	YELLOW
Odometer	142863	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	05/12/2018	Inspection Date	06/12/2018
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
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# 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 425Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER	TO REPAIR SEE LABOUR GRAZED	1,052.20	-
1	FRT WHEEL CAP LH		107.10	107.10
	LESS 20% DISCOUNT		-231.86	-21.42
			927.44	85.68
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRT CAMPEON TYRE LH (SN)	SERVICEABLE	216.00	-
			216.00	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		220.00	200.00
	SPRAYPAINT ON AFFECTED AREA.	220.00	200.00	
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			560.00	400.00
GRAND TOTAL			1,703.44	485.68
RECOMMENDED COST OF REPAIRS (CONFIRMED)				485.68

Report Ref No. NS/INC18022007/K1sbn2

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.