

Surveyor: Kelvin

REF: NS/WC18022313/Klsbn2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

at \_\_\_\_\_

Insured: **SND 2410X**

Policy No: **5068045737-04** **0910-2018**

Claims No: **MT/1023345-002**

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: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time Action / Instruction

**SHB 6213H - CCB/TU18013320/UHbs**

**DA: 21072018**

**Inc.**

**SND 2410X - CCB/MT/0907553/Kwjd**

**DA: 06122009**

**P/P**

**13/12/18 Claim P/P \$1860.53 / 3 days**

**14/12/18 Confirmed P/P \$1,860.53 @ 3 days with Kelvin  
( \$1,229.02 Red - 40% )**

RECEIVED 17 DEC 2018

Veh No: **SHB 6213H** Yr Regt: **25 May 2017**

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

Truck / Trailer or

Make: **Toyota Prius** C.C. **178**

Colour: **Blue** A/C: Insur **4** / Std / NI / NA

Sp. Reading: **19 6800** T/Radio: Insur **0** / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **570 KB 3 F4 8035 2185**

Gen. Cond: Good / **F** / Poor / Burnt

Steering: Inorder / **6** / Jammed / Leaked / Burnt or

Brake: Inorder / **6** / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD **0** / Rim or

Tyre Size: **F: 195/65R15**

R: \_\_\_\_\_

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

TOYO / YOKO or **Durataun**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. **7** mm R/Bal. **7** mm

L/Bal. **7** mm L/Bal. **7** mm

D.O.A. **10/12/18** D.O.I. **11/12/18**

Survey held at **C D G E (Loyang)**

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

**N/S Frnt**

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

Date/Time, File Pass to?

**17/12/18**

1) **typ. 4**

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format:

Lump Sum / I.B.I: (\$) **1,860.53 P/P**

☐ : Prel. Report

☒ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

**160**

eBaoTech

GeneralClaim

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="10/12/2018 17:36"/>
Vehicle No. (For Motor)	<input type="text" value="SHD2410X"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068045737-04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2410X	SHD2410X	09/10/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/12/18

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
2	MT/1023579-002	COMFORT TRANSPORTATION PTE LTD	SHA 7582R	FBD 7489H	11/12/2018	16:40	\$ 2,844.32	\$ 1,650.00
	MT/1023585-002	CITYCAB PTE LTD	SHA 9195L	SIW 7081E	12/12/2018	5:45	\$ 1,702.40	\$ 1,050.00
	MT/1022487-002	COMFORT TRANSPORTATION PTE LTD	SHC 2334M	SLD 9092L	3/12/2018	22:00	\$ 6,305.08	\$ 4,306.92
	MT/1023345-002	COMFORT TRANSPORTATION PTE LTD	SHB 6213H	SHD 2410X	10/12/2018	8:05	\$ 3,089.55	\$ 1,860.53
	MT/1023588-002	COMFORT TRANSPORTATION PTE LTD	SHA 4073M	SJK 8657B	12/12/2018	10:50	\$ 2,099.06	\$ 950.00

Claim received from LKK

## 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	10/12/2018 15:52
Date Of Accident	10/12/2018 08:05
Exact Location Of Accident	NORTH BRIDGE RD AFTER COLEMAN ST JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6213H
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
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
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE KWEK YONG
NRIC No	S0116668I
Date Of Birth	28/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1974
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96269438
Fax Number	
Contact Number	
EMail Address	LEEKWEKYONG2809@YAHOO.COM

Address	BLK 702 WOODLANDS DRIVE 40 #02-96
Postcode	730702
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	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?	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)	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

PLS REFER TO ATTACHED

#### 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	SHD2410X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR DOOR
No. Of Passenger (Including Driver)	

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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. 199003321R

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.:

### SKETCH PLAN

N = 84B6213H

B = 2410X

CHONDR-  
PRIME

THE  
ADELPH

NORTH BRIDGE

22

COLEMAN ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199203821P

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.:

Describe Circumstances of the Accident.

On 10/12/2018 at about 08:05hrs, I was driving along North Bridge Rd direction.

Just after Coleman St junction I switch on my signal light to change lane then suddenly vehicle SHD2410X grazed onto my left front portion of my taxi.

No passenger on board my taxi. No injury reported at the point of accident.

## Declaration

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

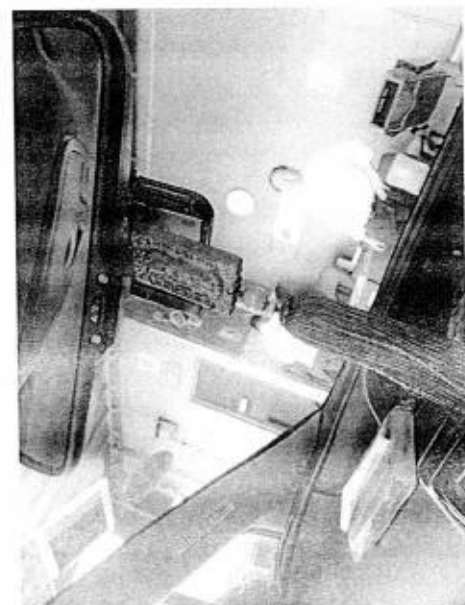
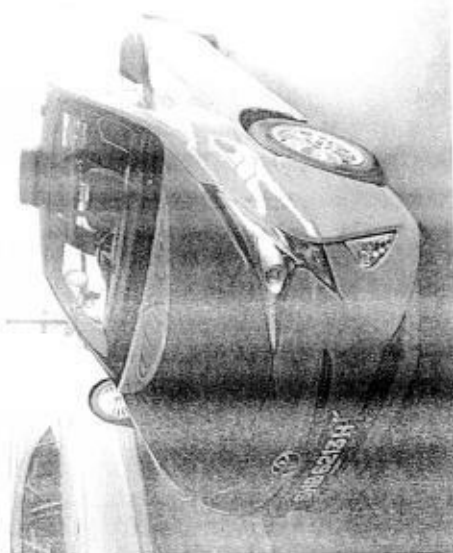
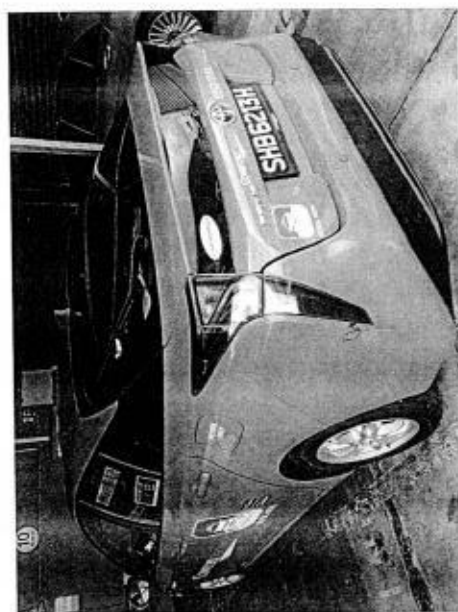
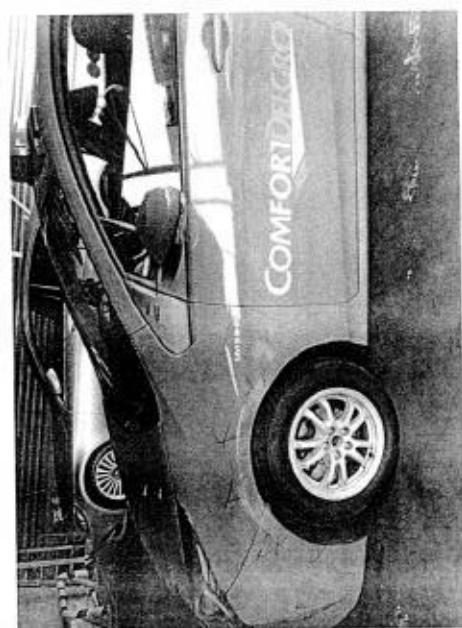
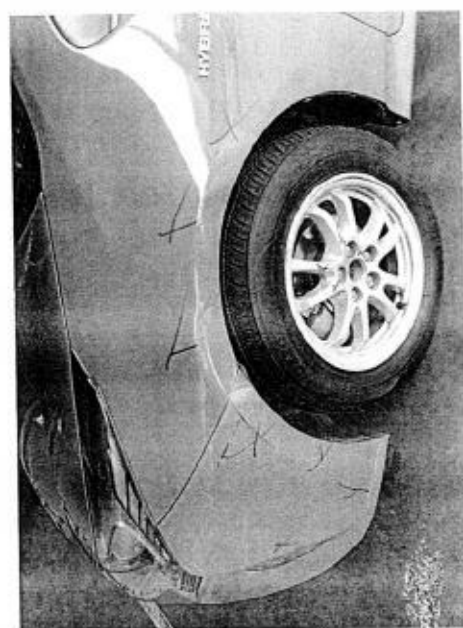
COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199203921R

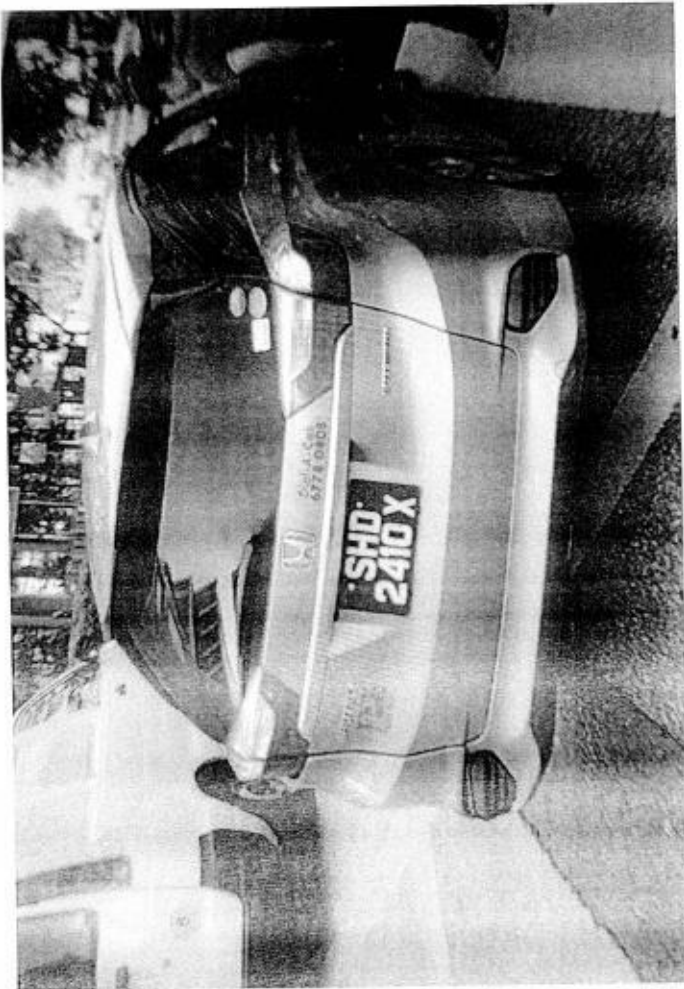
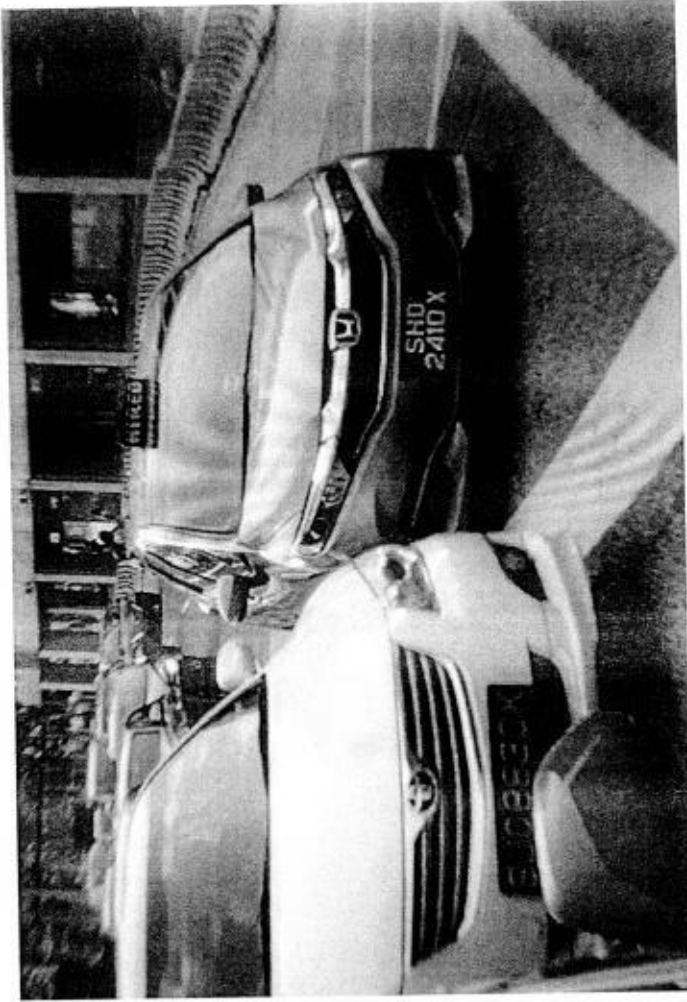
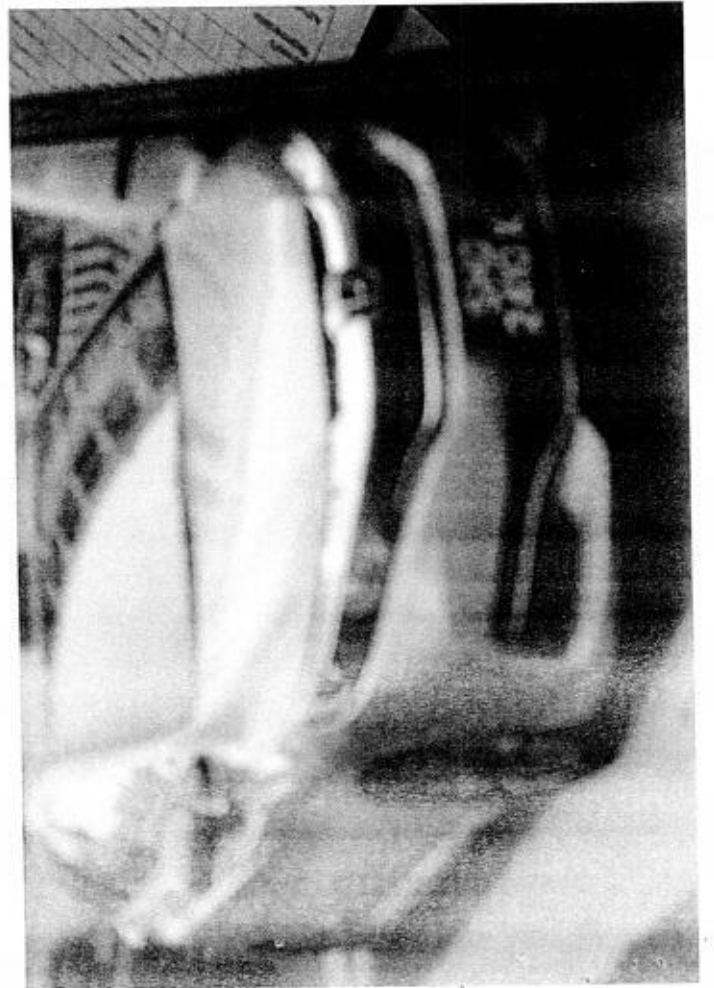
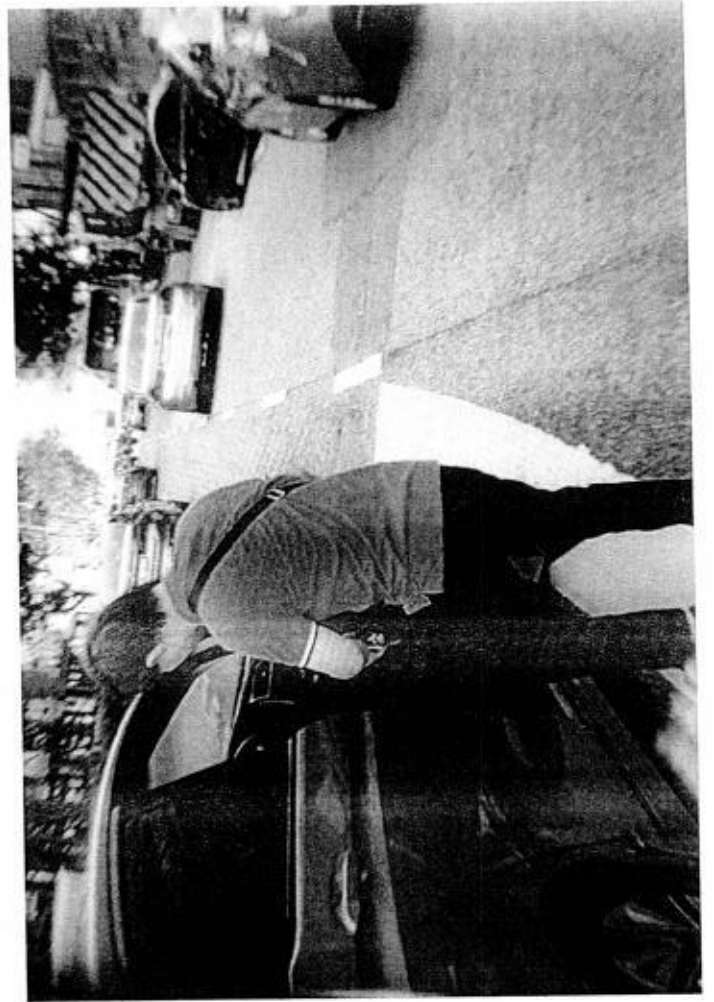
Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel







NTAC

10/12/2018 17:05

MAKE :

**MODEL : TOYOTA PRIUS**

Larry Ng

Kalina 100K4  
M 11/2/18 1115 hrs  
3 Pp  
PIP  
Before Paint photo.

**LKK Auto Components hereby notify the Repairer of the following:**

- To resurvey bodywork or 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: \_\_\_\_\_

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:

JC NO.: 305249535

STOMER

COMFORT TRANSPORTATION PTE LTD VARS

/MS 7010045

STOMER NO. 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

COUNT CARD NO.

REGN NO.: SHB6213H

MILEAGE

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL PRIUS HYBRID(G4) DATE/TIME IN 10.12.2018 11:40

YR OF MANU 25.05.2017

TARGET DATE

CHASSIS CODE JTDKB3FU803557185

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 10.12.2018

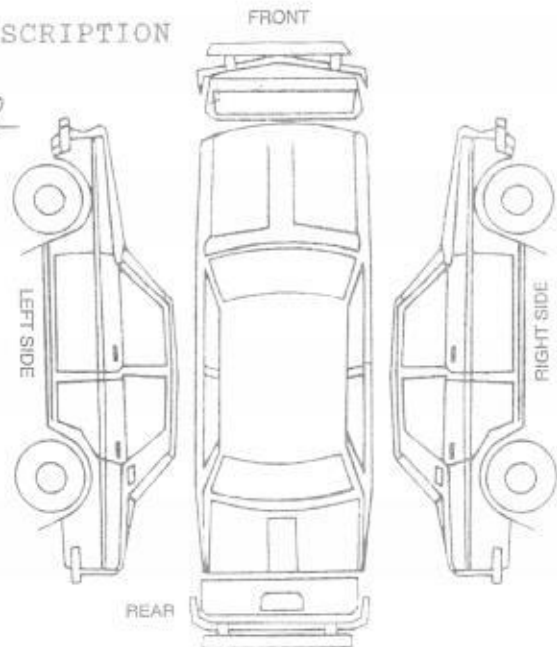
NATURE: 3P 10.12.2018 ( C )

S/NO

LABOR CODE

DESCRIPTION

NTUC - Left Front damage  
LRC/Kohli -



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

g No.: SHB6213H LARRY

Vehicle No.: SHB6213H

Larry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305249535  
REGN NO : SHB6213H  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 25.05.2017  
DATE/TIME IN : 10.12.2018 11:40  
ACCIDENT DATE : 10.12.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0003 04-01-0302-0574-A	PRIG4 FENDER SUB-ASSY FRO	1	945.30	25.00	708.97
0004 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	53.50	25.00	40.12

SUB-TOTAL : 1,140.51

## JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 720.00

TOTAL : 1,860.51

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249535  
Date : 13. Dec. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB6213H

Date of Accident: 10. Dec. 2018

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

1. The repair job shall bill to: NTUC SHD2410X(Prime)
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$1,140.53
  - (b) Labour Charges \$720.00
  - Total for Part-By-Part Repair Cost** \$1,860.53
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 3 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 13/12/18

### 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				
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/INC18022313/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2018

189556



Code: INC4

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

Insured Veh.	SHD 2410X	Veh. Inspected	SHB 6213H
Policy No.	5068045737-04	Coverage (\$)	0.00
Claim No.	MT/1023345-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU803557185	Colour	BLUE
Odometer	196800	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DURATURN	7 mm
L/H Front Tyre	195/65 R15	DURATURN	7 mm
R/H Rear Tyre	195/65 R15	DURATURN	7 mm
L/H Rear Tyre	195/65 R15	DURATURN	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	10/12/2018	Inspection Date	11/12/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHB 6213H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	DEFORMED	499.90	499.90
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
1	FENDER SUB-ASSY,FRONT LH	DENTED	945.30	945.30
1	FRONT HOUSING ASSY,LH	SERVICEABLE	958.30	-
1	FRONT FENDER SHIELD,LH	SERVICEABLE	196.60	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	3.80	-
1	FRONT FENDER HYBRID EMBLEM,LH	NECESSARY	53.50	53.50
	LESS 25% DISCOUNT		-669.85	-380.17
			2,009.55	1,140.53
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
			1,080.00	720.00
<b>GRAND TOTAL</b>			<b>3,089.55</b>	<b>1,860.53</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,860.53</b>

Report Ref No. NS/INC18022313/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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