

Surveyor: Kelvin

REF: NS/INC19003534/K1td3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP/RES/OD/RES/EVA/THV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SLU979Z

Policy No: 5105113901 (30/10/18-29/10/19)

Claims No: MT/1033735-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

NIS	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

Lim Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHC1560H - NS/INC16019177/HH6m2 DOA: 13/10/16 INC
	SLU979Z
27/2/19	Coloured c/s \$1300 / 3 B... (Red: 3804.90: 74%)

RECEIVED 20 FEB 2019

Veh No: SHC1560H Tr Regn: 31 May 2011

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

Truck / Trailer or

Make: Hyundai Santa Fe cc: 199

Colour: Blue A/C: Ins / Std / HI / NA

Sp. Reading: 358132 T/Radio: Ins / Std / HI / NA

Eng/No: _____

No: KMHET41VADAB811662

Gen. Cond: Good / F / Poor / Burnt

Steering: In OK / Jammed / Leaked / Burnt or

Brake: In OK / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or ManKuk

Front: _____ Rear: _____

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. 25/2/19 D.O.L. 25/2/19

Survey held at C D G E (Loyang)

Des. of Damages: Frl / Rear / O/S / NIS / VIC / Rooltop or

Rear

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

Date/Time, File Pass to?

28/2 Typst

Date/Time, File Return to?

2)

Date/Time, File Return to?

0

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp. (\$

☐ : Inter./Adv. (\$

☐ : Tech. Insp. (\$

☐ : Rep. Insp. (\$

Survey Fee:

Transportation:

IS + RS: 31

Photos

Other:

160

TP

1300

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/02/2019 08:15"/>
Vehicle No.(For Motor)	<input type="text" value="SLU979Z"/>	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"/>	5105113901		HENDRA	S9277533Z	GPC	drivo CLASSIC	SLU979Z	SLU979Z	30/10/2018	29/10/2019

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 28 February 2019 11:15 AM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah

Senior Admin Assistant
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 27 February 2019 4:38 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 27/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1033735-002	COMFORT DELGRO	SHC 1560H	SLU 979Z	25/2/2019	09:45	5,104.90	1,300.00

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)

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	25/02/2019 14:11
Date Of Accident	25/02/2019 09:45
Exact Location Of Accident	KPE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1560H
Insured/Policyholder	
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

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TANG SEE HOE VINCENT
NRIC No	S1796813J
Date Of Birth	03/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1996
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97119131
Fax Number	
Contact Number	
Email Address	VINCTANG1560@GMAIL.COM

Address	936 10-59 HOUGANG STREET 92
Postcode	530936
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)

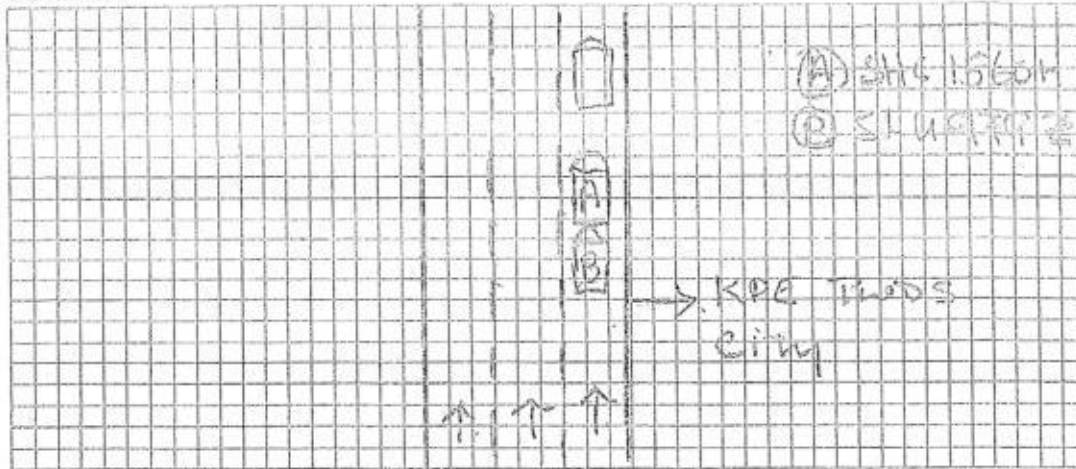
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU979Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HENDRA
NRIC/Passport Number	
Contact Number	92278238
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/02/2019 at about 0945hrs, I vehicle A was driving my taxi along KPE toward City. When I was on most right lane. As a vehicle in front me brake and stop. I also follow him. A few second later vehicle B came from back bump into vehicle A near partition. no one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE L.

CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

25/2/19
Jackson Heng
CSO

Reporting Centre Personnel's Signature

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.

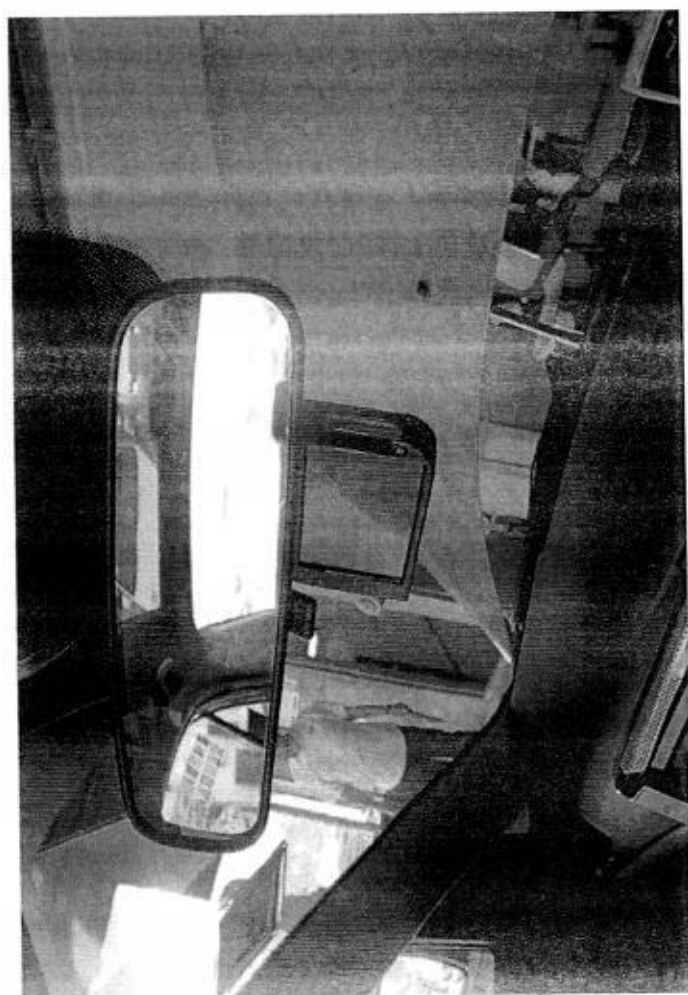
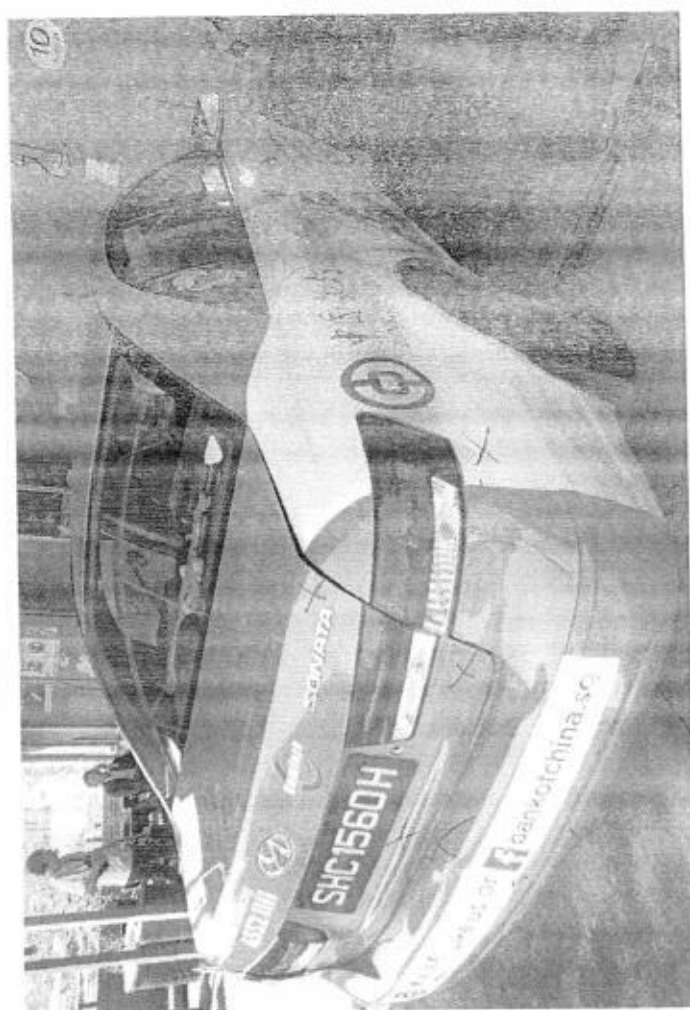
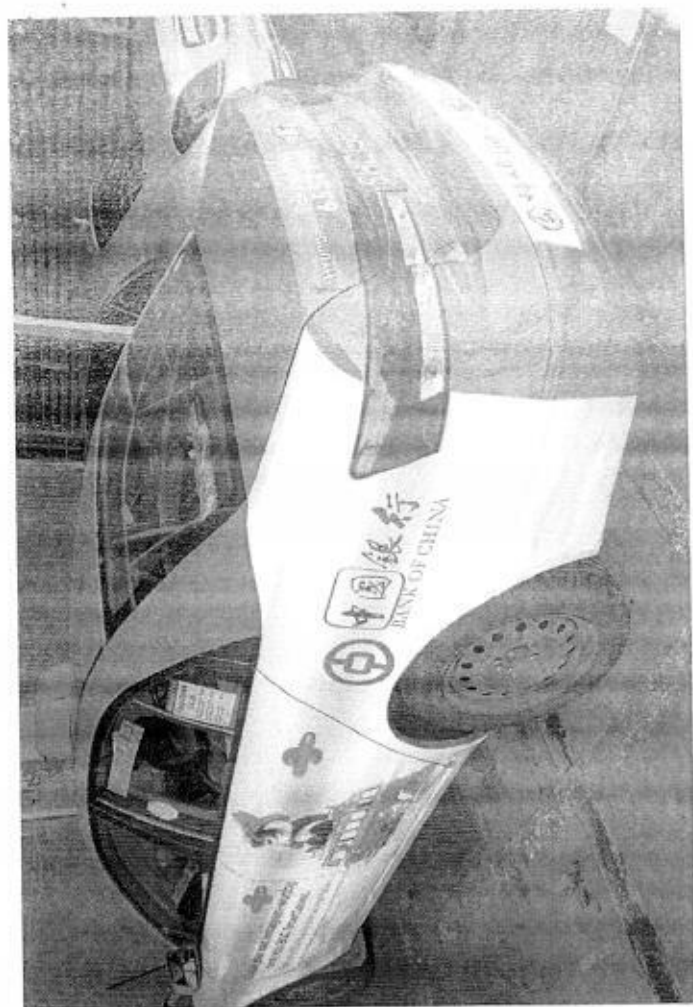
COMFORT TRANSPORTATION PTE LTD
CO-REG NO. 199303821R

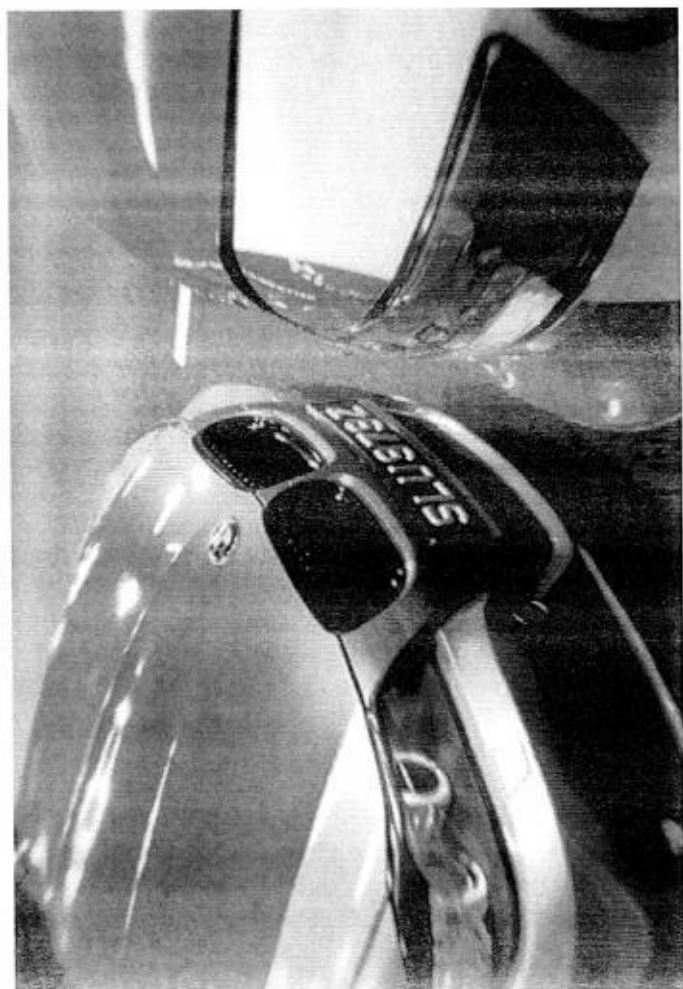
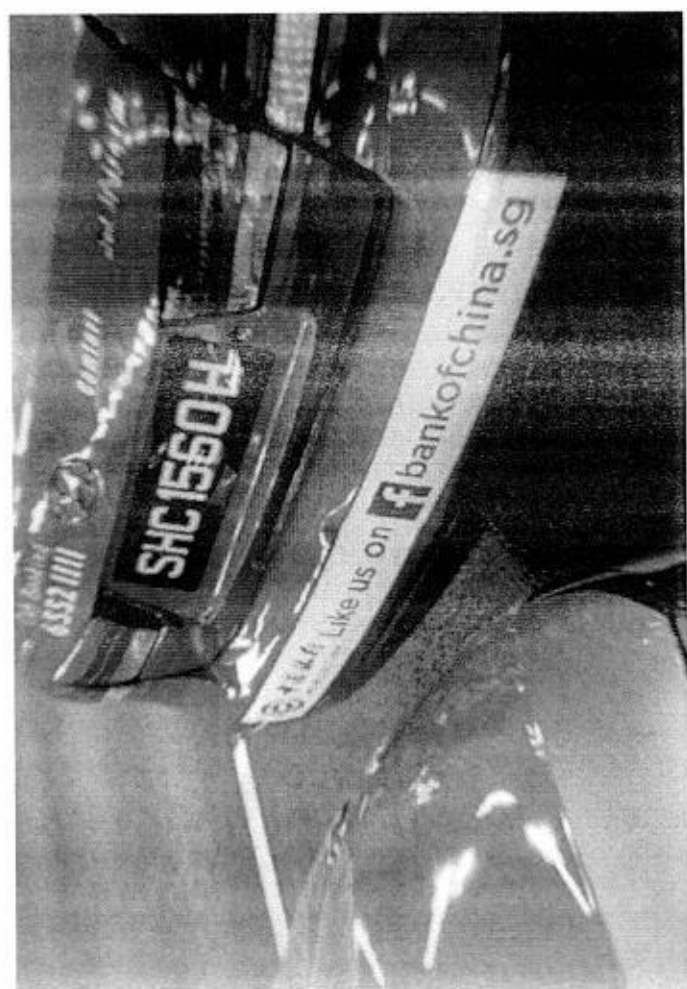
Policyholder's Signature
Date & Time:

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

25/2/19
Jackson Heng
CSO

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





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1560H

DATE 25/2/2019 11:40

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid <i>X Rep</i>			\$ 1,349.50	
	Boot Lid Lock Upper <i>X su</i>			\$ 132.10	
	Boot Lid Lock Lower <i>X su</i>			\$ 30.30	
	Boot Lid Sonata Plate <i>X an</i>			\$ 43.60	
	Boot Lid Hyundai Plate <i>X an</i>			\$ 24.20	
	Boot Lid 'H' Emblem <i>X an</i>			\$ 26.10	
	Boot Lid CRDI Plate <i>X an</i>			\$ 22.70	
	Rear Bumper <i>Rebrand</i>			\$ 578.40	
	Rear Bumper Reinforcement <i>Ken</i>			\$ 483.30	
	Rear Bumper Clip <i>an</i>			\$ 22.00	
	Rear Bumper Sponge <i>X su</i>			\$ 137.40	
	Rear Bumper Under Cover <i>X su</i>			\$ 185.80	
	Rear Bumper Protector (LH/RH) <i>X Rep</i>		\$ 38.00	\$ 76.00	
	Rear Panel <i>X Rep</i>			\$ 391.80	
	Rear Panel Garnish <i>X su</i>			\$ 95.80	
	SUB TOTAL			\$ 3,599.00	
	LESS 20%			\$ 719.80	
	DISCOUNTED TOTAL			\$ 2,879.20	
	Boot Lid Comfort Logo & Tel No. Sticker <i>X an</i>			\$ 30.00	Nett
	Rear Bumper Reverse Sensor <i>shld</i>			\$ 135.70	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>an</i>		\$ 100.00	\$ 200.00	Nett
				\$ 365.70	
	Labour Charge				
	Panel Beating			\$ 800.00	<i>400</i>
	Spray Painting Charge			\$ 900.00	<i>400</i>
	Wiring Charge			\$ 30.00	<i>X 13</i>
	Tuff Kote			\$ 50.00	<i>X 1</i>
	Remove/Refix Reverse Sensor			\$ 80.00	<i>30</i>
	TOTAL LABOUR			\$ 1,860.00	
	ESTIMATE TOTAL			\$ 5,104.90	
<p><i>Kalin LKK</i></p> <p><i>25/2/19 1540hr.</i></p> <p><i>3 Or,</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> <p><i>Book value</i></p>					
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.					

COMFORTDELGRO

Date/Time: 25.02.2019 14:59

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JO NO.: 305272124

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

OUNT CARD NO.

REGN NO:

SHC1560H

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

25.02.2019 11:35

YR OF MANU

31.05.2011

TARGET DATE

CHASSIS CODE

KMHET41VMBA811662

COMPLETION DATE/TIME

JOB DESCRIPTION

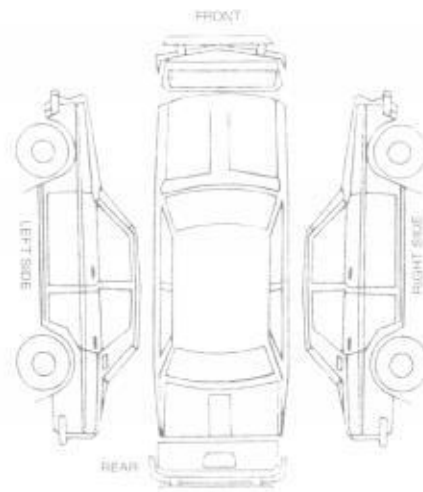
Accident Date: 25.02.2019

NATURE: 3P 25.02.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC1560H

LKE

Vehicle No.:

SHC1560H

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305272124

Date 27.02.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC1560H CTPL

25.02.19

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

1. The repair job shall bill to: NTUC SLU979Z
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20% \$1,300.00
 - Final Lumpsum Repair cost** \$1,300.00

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 : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Calvin

Date : 27/2/19

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/INC19003534/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date: 04-03-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 979Z	Veh. Inspected	SHC 1560H
Policy No.	5105113901	Coverage (\$)	0.00
Claim No.	MT/1033735-002	Excess (\$)	0.00
Assign From		Assign Date	25/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA811662	Colour	BLUE
Odometer	358132	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	6 mm
L/H Front Tyre	215/60 R16	HANKOOK	6 mm
R/H Rear Tyre	215/60 R16	HANKOOK	6 mm
L/H Rear Tyre	215/60 R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/02/2019	Inspection Date	25/02/2019
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:	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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1560H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR SEE LABOUR	1,349.50	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NOT NECESSARY	43.60	-
1	BOOT LID HYUNDAI PLATE	NOT NECESSARY	24.20	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	26.10	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	22.70	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR SEE LABOUR	76.00	-
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-719.80	-120.08
			2,879.20	480.32
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			365.70	335.70
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOT LID, REAR BUMPER PROTECTOR (LH/RH) AND REAR PANEL.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-

Report Ref No. NS/INC19003534/K1td3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,860.00	830.00
GRAND TOTAL			5,104.90	1,646.02
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,300.00

Report Ref No. NS/INC19003534/K1td3n2

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.