

REF: CS/SPF19005695/Gq d3 | 02

Special Instructions:

Surveyor: GQ

ASSIGNMENT (Office)

From (Person): Frankie they of SPF Date/Time: 29/3/2019 @ 5:13pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLB 4742E Insured: TP124E

at Workshop n/s: Cycle & Camirage Fulco Tel: 85523293

of 330 ubi Rd 3

Policy No: _____ Claim No: AEMD/105/2019/017

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 24/03/2019

(Client's Record) _____ 3/4/2019 @ 10:30am

CA / REV / REP. / REV 24 HRS _____ H.O.D. Endorsement

Date/Time: 11:42am @ 1/4/19 Person Contacted: Peneera Vehicle IN OD

| Date/Time | Action/Instruction (<u>✓</u>) Estimate |
|-----------|--|
| | <u>SLB 4742E - X</u> |
| | <u>TP 124E - X</u> |
| | <u>Submit final for to 5426. (car range to 520 - 5500)</u> |
| | <u>Weekend: 2 days; Total days: 7 days.</u> |
| | <u>(Cost \$711, 28%)</u> |

Do Not Finalise

ASSIGNMENT

From:

Date:

3/4/2019

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

SLB 4742E

at Workshop n/s

Cycle & Carriage Fulco
330 ubi Rd 3

et

Insured

Policy No.

Claims No.

Sum Insured

Excess:

(Client's Record)

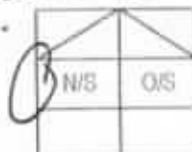
Make of Veh:

10:30am (working)

Renemer @ 8550 3293

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP: / 24 HRS ^{1up}

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLB4742M

Yr Regn:

11 Apr 2016

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

Truck / Trailer or

Make:

Hit Autlander

2.4

2360

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

57378

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMYXTG F3W68002584

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

25/55M8

R:

11

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

TOYS / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A

D.O.A

03-04-19

Survey held at

w/s

10:30

Des. of Damages: Fnt / Rear / O/S / W/S / UIC / Rooftop or

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

Date / Time

Action / Instruction

Do Not Finalise

RECEIVED 10 JUN 2019

7/6/2019

Date/Time: File Pass to?



: Preli. Report

1) 10/6/2019



: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation

S + RS. 3A

Phone

Others

TOTAL

220

220

Report Format :

TP

Lump Sum / L.B.I: (\$

5426

Nivitha (LKK Auto)

From: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>
Sent: Friday, 29 March 2019 5:13 PM
To: Veron Chen (LKKAuto); assignments
Cc: Hafizul Farhan RAHMAT (SPF)
Subject: RE : Pre-Repair Inspection for vehicle SLB 4742E

Your reference: SLB 4742E

Our reference: AEMD/105/009/2019/017

Veron,

Please conduct Pre-Repair Investigation for vehicle SLB4742E at following address:

CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE
330 UBI ROAD 3
SINGAPORE 408650

PLEASE CONTACT Mr. Renemer Bagang at HP: 85523293 for appointment.

Thanks.

Frankie Thay (Mr)
Safe Driving Manager
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4841 | FAX: (65) 6478 4848



HOME TEAM
TRANSFORMATION 2025
One Home, One Team
Building Our Future Together

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Shiau Chan (LKKAUTO)

From: Olivia Lau (LKKAUTO)
Sent: Friday, 7 June 2019 5:31 PM
To: SUR; assignments
Subject: FW: Pre-Repair Inspection for vehicle SLB 4742E

From: Frankie THAY (SPF)
Sent: Friday, 7 June 2019 5:30:30 PM (UTC+08:00) Kuala Lumpur, Singapore
To: Shiau Chan (LKKAUTO); assignments
Cc: Hafizul Farhan RAHMAT (SPF); Olivia Lau (LKKAUTO)
Subject: RE: Pre-Repair Inspection for vehicle SLB 4742E

Your reference: SLB 4742E
Our reference: AEMD/105/009/2019/017

Shiau,
Preceding mail refer.

Thanks.

Frankie Thay (Mr)
Safe Driving Manager
Automotive Engineering & Management Division
Police Logistics Department
Singapore Police Force
DID: (65) 6478 4841 | FAX: (65) 6478 4848



HOME TEAM
TRANSFORMATION 2025
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From: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Sent: Friday, 7 June 2019 3:58 PM
To: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>; assignments <assignments@lkkauto.com>
Cc: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>; Olivia Lau (LKKAUTO) <olivialau@lkkauto.com>
Subject: RE: Pre-Repair Inspection for vehicle SLB 4742E

Dear Sir/Madam,

Kindly provide us the latest reference number of above mentioned.

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 3985G |
| Vehicle Details | |
| Vehicle No.: | SLB4742M |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 04 Apr 2019 |
| Vehicle Make: | MITSUBISHI |
| Vehicle Model: | OUTLANDER 2.4 CVT AWD S/R FACELIFT |
| Primary Colour: | Brown |
| Manufacturing Year: | 2015 |
| Engine No.: | 4B12QS6638 |
| Chassis No.: | JMYXTGF3WGZ002584 |
| Maximum Power Output: | 123.0 kW (164 bhp) |
| Open Market Value: | \$21,335.00 |
| Original Registration Date: | 11 Apr 2016 |
| First Registration Date: | 11 Apr 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$21,869.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 10 Apr 2026 |
| PARF Rebate Amount: | \$16,401.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 10 Apr 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$46,502.00 |
| COE Rebate Amount: | \$32,628.00 |
| Total Rebate Amount: | \$49,029.00 |

The information contained herein is correct as at 04 Apr 2019

OK

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099626477-01

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SLB4742M**
Chassis Number : **JMYXTGF3WGZ002584**
2. Name of Policyholder : **SAMUEL KUNJUMONE**
3. Effective Date of Insurance : **11 Apr 2019**
4. Expiry Date of Insurance : **10 Apr 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : YES |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : SAMUEL KUNJUMONE |
| NAMED DRIVER (1) | : SHEEBA JOHN |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : DBS BANK LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)
Date of Issue : 13 Mar 2019 18:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Motor accident report and claim form

| | | |
|------------------------------------|------------------------------------|---|
| Policy number 5099626477 | Vehicle number SL8 4742M | Name of policyholder SHEEBA JOHN SAMUEL KUNJUMONE |
|------------------------------------|------------------------------------|---|

Reason for reporting

| | | |
|--|---|---|
| <input type="checkbox"/> To claim for damage I have caused | <input checked="" type="checkbox"/> To make a third-party claim | <input type="checkbox"/> To report my accident only |
|--|---|---|

Brief description of accident

| | | | |
|--|-------------------------|--|---|
| Date (dd/mm/yyyy) 27/03/2019 | Time 0948 HRS | Type of collision SIDE SWIPE | Weather condition <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others |
| Location PIE (TJAS) BEFORE STENNIS ROAD | | | Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others |
| Was the accident reported to the police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No TRAFFIC POLICE If yes, please state which police station. | | | |

Details of driver

| | | | |
|--|--|---|--|
| Name (as shown in NRIC) SHEEBA JOHN | Pass date of driving licence 13 FEB 2006 | NRIC number S90 81413 G | |
| Contact number 9009 8560 | Date of birth (dd/mm/yyyy) 11/04/1990 | Email SHEEBASAM@income.com.sg | Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| Address BLK 48 BENDOMEER ROAD #07-1491 | | | Is your occupation: <input checked="" type="checkbox"/> indoor? <input type="checkbox"/> outdoor? |
| Purpose for which the vehicle was being used at the time of the accident <input checked="" type="checkbox"/> Personal <input type="checkbox"/> Commercial <input type="checkbox"/> Private Hire <input type="checkbox"/> Others, please specify: | | | |
| Relationship to policyholder WIFE | | | |

Details of passenger(s)

| Number of passengers(s) including Driver 02 | |
|--|--|
| Name of passenger(s) | Sex |
| 1 DAVID R SAMUEL | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| 2 | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 3 | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4 | <input type="checkbox"/> Male <input type="checkbox"/> Female |

Details of the other driver(s) and vehicle(s) involved

| Name of other driver (or drivers) | Vehicle number | NRIC number | Contact number |
|-----------------------------------|----------------|-------------|----------------|
| 1 | TV 124E | | |
| 2 | | | |
| 3 | | | |

Injury details

| Was anybody injured in this accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please go to the next question. | | | | |
|--|---|--|----------------|----------------|
| Name of injured person | Sex | Convey by ambulance | Vehicle number | Contact number |
| 1 | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Declaration by person reporting

I declare that the information given above is true, correct and complete.

I understand that you may reject my claim if I have not given any relevant information or it is later proven that it is false or I have deliberately not included it.

I agree to authorise you (Income), to repair the damage to my vehicle in a reasonable time including the right to arrange for my vehicle to be repaired at another workshop if you decide to accept legal responsibility for this claim.

Signature of driver

Date (dd/mm/yyyy)

Time

For official use

Report taken by

Staff code

Date (dd/mm/yyyy)

Time

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 | 28/03/2019 00:10 |
| Date Of Accident | 27/03/2019 07:50 |
| Exact Location Of Accident | PIE(TUAS) BEF STEVENS ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLB4742M |
| Insured/Policyholder | |
| Name Of Registered Owner | SAMUEL KUNJUMONE |
| NRIC No | S7083985G |
| Email Address | SHEEBASAM@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-90093560 |
| Alternative Phone No | OFFICE-90093560 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | MITSUBISHI |
| Model | OUTLANDER-2.4 CVT (A) |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5099626477 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | SHEEBA JOHN |
| NRIC No | S7081413G |
| Date Of Birth | 11/07/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/02/2006 |
| Driving Experience | 13 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90093560 |
| Fax Number | |
| Contact Number | |
| Email Address | SHEEBASAM@YAHOO.COM.SG |

| | |
|---|-------------------------------|
| Address | 48 BENDEMEER ROAD #07-1491 |
| Postcode | 330048 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 (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: : DAVID K SAMUEL GENDER: : MALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO SKETCH

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | TP124E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOVERNMENT |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: ARMAD 209402
NRIC/FIN No.: 2192594A

As per Police Report

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

Reporting Centre Personnel's Signature
Name: ANTHONY S. JONES



SINGAPORE POLICE FORCE



T/20190327/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190327/7007

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 27/03/2019 12:31 | | Vide Report No.: E/20190327/0046 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SHEEBA JOHN | | | Address: 48 BENDEMEER ROAD #07-1491 SINGAPORE 330048 | | |
| ID Type / ID No.: NRIC NO / S7081413G | | | Contact No.: Home/Office: Mobile: 90093560 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: sheebasam@yahoo.com.sg | | |
| Sex: Female | Age: 48 | Date of Birth: 11/07/1970 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: Administration manager | | | Driving Licence Information: Class: 3A Date of Expiry: 27/03/2019 | | |

General Information of the Accident

| | | | | |
|---|------------------------------|--|--|-------------------------------------|
| Type of Accident: | Non-Injury Police Vehicle | Drink Drive: No | Date/Time of Accident: 27/03/2019 07:48 | Type of Location: Straight Road |
| Location: PAN ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: good | | Road Speed Limit: 80 Km/h |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Faulty | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------|-----------|-------|------------------|-----------------|
| SLB4742M | Car | MITSUBISHI | outlander | Grey | Slightly Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|-----------|-------------|
| SLB4742M | NTUC Income Insurance Co-Operative Limited | 50992647701 | | |



**SINGAPORE
POLICE FORCE**



T/20190327/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190327/7007

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | DAVID K SAMUEL | ID No. | S9941638F |
| Related Vehicle | SLB4742M (Car) | Contact No. | 94997780 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | SHEEBA JOHN | ID No. | S7081413G |
| Related Vehicle | SLB4742M (Car) | Contact No. | 90093560 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: 27/03/2019 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I was driving on the PIE towards TUAS on the CAR SLB4742M, Lane 1 . Suddenly a TP on the bike TP 124E overtook me from the left side and his motorcycle right handle hit my car left side mirror which damaged the the left side mirror. The TP agreed that he was in a rush to attend another case and accidentally hit the side mirror of my car. The TP who hit my car himself immediately alerted the Police and many Traffic marshal and Police came to the scene. There was no personal injury in this accident but my car left mirror is totally damaged and needs repair . Later the TP's supervisors and investigation officers came and verified the incidence. We were at the scene till 8.28am . I was asked to lodge this police report with REF E20190327/0046 .



**SINGAPORE
POLICE FORCE**



T/20190327/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190327/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NORASHIKIN BINTE DAUD
Contact No.: 65476439

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/03/2019 12:31

Classification Of Case:



To Whom It May Concern

ACCIDENT INVOLVING SPF VEHICLE AND PRIVATE VEHICLE

If you wish to make any claim against the Singapore Police Force resulting from a motor vehicle accident, you can write to:-

SPF Accident Claims Section
Automotive Engineering & Management Division
Police Logistics Department
1 Mount Pleasant Road
Block 8 Old Police Academy
Singapore 298333

2 Before you send your vehicle for repair, you can have your vehicle inspected by an appraiser appointed by the Singapore Police Force. If you wish to do so, you can contact the Officer-In-Charge of accident matters (Tel No: 64784840 , Fax No: 64784848) to make the necessary arrangements.

3 When submitting your claim, please ensure that the following are enclosed:

- a) Police report
- b) Survey report (if any)
- c) Repair Bill
- d) Original Photographs of damage

4 Nothing in this notice shall be treated as acceptance by the Singapore Police Force of any liability whatsoever for any damage sustained as the result of the accident in which your vehicle and the Police vehicle are involved.

5 If your claim relates to personal injuries, please send your claim to:

The Attorney General
Attorney General's Chambers
1 Upper Pickering Street
Singapore 058288



TRAFFIC INVESTIGATION BRANCH

TRAFFIC POLICE

10 UBI AVENUE 3

SINGAPORE 408865

Fax: 65474749

CASE CARD

REPORT NO.:

E/20190327/46

Traffic Accident along

P15 (near 12th

involving vehicles:

car and police vehicle

on

27/3/19

at about

am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD

EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info |
|--|---|
| SPF Accident Claim Section Automotive Engineering & Managem Division - Police Logistics Dept 1 Mount Pleasant Road Block 8 Old Police Academy Contact No 64784840 | Cust No/Name /Mr Samuel Kunjumone Reg No/Reg Date SLB4742M*1F / 11/04/2016 Date In/Mileage 29/03/2019/ 0 Chassis No JMYXTGF3WGZ002584 Engine No 4B12QS6638 Make/Model MIT/OUTLANDER 2.4 CVT AWD 16MY (E1 Colour/Trim COO / BK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|------------|--------|-------------------|-----|---------------|--------|
| F0000093 | Credit | 29/03/2019/ 13:55 | DS | 303 / Renemer | 21721 |

| Description of Goods / Services | Qty | Unit Price | Disc% | Amount |
|--|-------|------------|-------|--------------|
| S MIPNT88088 DIAGNOSTIC/SCANNING | | | | 250.00 |
| S MIPNT88088 TO CHECK LIGHTING/WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS | | | | 80 100.00 |
| S MIPNT88088 TO REPLACE FRONT BUMPER, LH FENDER, LHF SIDE MIRROR, ETC TO REPAIR LHF DOOR | 600 | | | 1800 3000.00 |
| S MIPNT98088 SPRAY PAINTING ON FRONT LHS ACCIDENT AFFECTED AREAS | 420 | | | 1470 1680.00 |
| M JJ7632A797 LH MIRROR ASSY, DOOR | 1.00 | 407.00 | 0.00 | 407.00 |
| M JJ6400K114 FACE, FR BUMPER | 1.00 | 851.00 | 0.00 | 851.00 |
| M JJ6400H313 LH BRACKET, FR BUMPER | 1.00 | 18.00 | 0.00 | 18.00 |
| M JJ6400H314 RH BRACKET, FR BUMPER | 1.00 | 18.00 | 0.00 | 18.00 |
| M JJ7407A315 LH MOULDING, FR BUMP | 1.00 | 114.00 | 0.00 | 114.00 |
| M JJ7407A301 LH MOULDING, FR WHEEL | 1.00 | 197.00 | 0.00 | 197.00 |
| M JJ5220K685 LH, FR FENDER | 1.00 | 681.00 | 0.00 | 681.00 |
| M JJMR328954 CLIP, SPLASH SHIELD | 16.00 | 4.00 | 0.00 | 64.00 |
| M JJMR200300 CLIP, BUMPER | 10.00 | 2.00 | 0.00 | 20.00 |

Z NOTES

ACCIDENT ON 27/03/2019 ALONG PIE (TUAS) BEF STEVENS ROAD
OWNER CLAIMING THIRD PARTY
REQUIRED REPLACEMENT CAR
TP# TP124E TP INS: SPF

5 Days.

before part photos.

Guo Qiang - 82880282

Guo Qiang @ lkk auto.

03/4/19.

Confirm & accepted by

Authorized signatory and company stamp

| | |
|---|----------|
| 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 work(s) must be resurveyed and subject to final approval from Insurance Company | |
| Parts | 2,370.00 |
| Labour | 0.00 |
| Standard Menu Repairer | 0.00 |
| Specialist Job | 5,030.00 |
| Others (Lub, etc) | 0.00 |
| Sundry | 0.00 |
| Total (w/o GST) | 7,400.00 |

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

7337



CYCLE & CARRIAGE

CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info |
|--|--|
| SPF Accident Claim Section Automotive Engineering & Managem Division - Police Logistics Dept 1 Mount Pleasant Road Block B Old Police Academy Contact No 64784840 | Cust No/Name /Mr Samuel Kunjumo Reg No/Reg Date 3LB4742M*1F / 11/04/2016 Date In/Mileage 29/03/2019/ 57942 Chassis No JMYXTGF3WGZ002584 Engine No 4B12QS6638 Make/Model MIT/OUTLANDER 2.4 CVT AWD 16MY (E1) Colour/Trim C00 / BK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|------------|--------|-------------------|-----|---------------|--------|
| F0000093 | Credit | 07/05/2019/ 15:48 | | 303 / Renemer | 21721 |

| Description of Goods / Services | Qty | Unit Price | Disc% | Amount |
|---------------------------------------|------|------------|-------|--------|
| X JJ7632B411WA COVER, DOOR MIRROR, OT | 1.00 | 137.00 | 0.00 | 137.00 |
| 2 NOTES | | | | |
| SUPPLEMENTARY ITEMS | | | | |

Estimate

Confirm & accepted by

SUPPLEMENTARY
Authorized signatory and company stamp

| | |
|-------------------|--------|
| Parts | 137.00 |
| Labour | 0.00 |
| Standard Menu | 0.00 |
| Specialist Job | 0.00 |
| Others (Lub, etc) | 0.00 |
| Sundry | 0.00 |
| Total (w/e GST) | 137.00 |

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of removing the rubber seal or other repair requiring the removal of the windscreen.



CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67481000 Fax: 64875857



ESTIMATE

| Invoice Name & Address | Owner Name & Vehicle Info |
|--|---|
| SPF Accident Claim Section Automotive Engineering & Managem Division - Police Logistics Dept 1 Mount Pleasant Road Block B Old Police Academy Contact No 64784840 | Cust No/Name /Mr Samuel Kunjumone Reg No/Reg Date SL84742M*1F / 11/04/2016 Date In/Mileage 29/03/2019/ 57942 Chassis No JMYXTGF3WGZ002584 Engine No 4B12Q5663B Make/Model MIT/OUTLANDER 2.4 CVT AWD 16MY (E1 Colour/Trim COO / BK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | | | |
|---------------------------------|---|----------------------|-----|---------------|--------|-------|------------|-------|--------|---------|
| F0000093 | Credit | 07/05/2019/ 16:34 | | 303 / Renemer | 21721 | | | | | |
| Description of Goods / Services | | | | | | Qty | Unit Price | Disc% | Amount | |
| S | MIPNT88088 | | | | | | | | | 250.00 |
| | DIAGNOSTIC/SCANNING | | | | | | | | | 80.00 |
| S | MIPNT88088 | | | | | | | | | 1800.00 |
| | TO CHECK LIGHTING/WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS | | | | | | | | | 1800.00 |
| S | MIPNT88088 | | | | | | | | | 1470.00 |
| | TO REPLACE FRONT BUMPER,LHF SIDE MIRROR,ETC TO REPAIR LHF DOOR,LHF FENDER | | | | | | | | | 1470.00 |
| S | MIPNT98088 | | | | | | | | | 1470.00 |
| | SPRAY PAINTING ON FRONT LHS ACCIDENT AFFECTED AREAS | | | | | | | | | 1470.00 |
| X | JJ7632A797 | LH MIRROR ASSY,DOOR | | | | 1.00 | 407.00 | 0.00 | 407.00 | |
| X | JJ6400H313 | LH BRACKET FR BUMPER | | | | 1.00 | 18.00 | 0.00 | 18.00 | |
| X | JJ6400H314 | RH BRACKET FR BUMPER | | | | 1.00 | 18.00 | 0.00 | 18.00 | |
| X | JJ7407A315 | LH MOULDING FR BUM | | | | 1.00 | 114.00 | 0.00 | 114.00 | |
| X | JJ7407A301 | LH MOULDING FR WHEE | | | | 1.00 | 197.00 | 0.00 | 197.00 | |
| X | JJMR328954 | CLIP,SPLASH SHIELD | | | | 16.00 | 4.00 | 0.00 | 64.00 | |
| X | JJMR200300 | CLIP, BUMPER | | | | 10.00 | 2.00 | 0.00 | 20.00 | |
| X | JJ7632B411WA | COVER,DOOR MIRROR,OT | | | | 1.00 | 137.00 | 0.00 | 137.00 | |
| X | JJ6400H883 | FACE,FR BUMPER | | | | 1.00 | 851.00 | 0.00 | 851.00 | |
| Z | NOTES | | | | | | | | | |
| | ACCIDENT ON 27/03/2019 ALONG PIE (TUAS) BEF STEVENS ROAD | | | | | | | | | |
| | OWNER CLAIMING THIRD PARTY | | | | | | | | | |
| | LOSS OF USE 50AYS | | | | | | | | | |
| | TP# TP124E | | | | | | | | | |
| | TP INS: SPF | | | | | | | | | |

Confirm & accepted by

FINALIZATION

Authorized signatory and company stamp

| | |
|-----------------|----------|
| Parts | 1,826.00 |
| Labour | 0.00 |
| Standard Menu | 0.00 |
| Specialist Job | 3,600.00 |
| Others(Lub,etc) | 0.00 |
| Sundry | 0.00 |
| Total(w/o GST) | 5,426.00 |

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for removal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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 | | | | |
|---|---|-----------------------------|------------|--|
| AUTOMOTIVE ENGINEERING & MGT DIVISION | | Ref : CS/SPF19005695/Gqd3e2 | | |
| ACCIDENT CLAIM SECTION (SPORE POLICE FORCE) 1 MOUNT PLEASANT ROAD BLK 8 OLD POLICE ACADEMYSINGAPORE 298333 ATTN : FRANKIE THAY | | Date : 19-06-2019 | | |
| | | Code : SPF | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | TP 124E | Veh. Inspected | SLB 4742M | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | AEMD/105/2019/017 | Excess (\$) | 0.00 | |
| Assign From | FRANKIE THAY | Assign Date | 29/03/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | MITSUBISHI OUTLANDER | c.c | 2360 | |
| Engine No. | HIDDEN | Year of Reg. | 2016 | |
| Chassis No. | JMYXTGF3WGZ002584 | Colour | GREY | |
| Odometer | 57378 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | SPORTS RIM | |
| General | GOOD | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 225/55 R18 | TOYO | 6 mm | |
| L/H Front Tyre | 225/55 R18 | TOYO | 6 mm | |
| R/H Rear Tyre | 225/55 R18 | TOYO | 6 mm | |
| L/H Rear Tyre | 225/55 R18 | TOYO | 6 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 27/03/2019 | Inspection Date | 03/04/2019 | |
| Survey held at | CYCLE & CARRIAGE.FULCO MOTOR DEALER PL NO.330 UBI ROAD 3 SINGAPORE 408650 | | | |
| 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: | | 5 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. SLB 4742M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | LH MIRROR ASSY, DOOR (SN) | CRACKED | 407.00 | 407.00 |
| 1 | FACE, FR BUMPER (SN) | DEFORMED | 851.00 | 851.00 |
| 1 | LH, BRACKET, FR BUMPER (SN) | NECESSARY | 18.00 | 18.00 |
| 1 | RH, BRACKET, FR BUMPER (SN) | NECESSARY | 18.00 | 18.00 |
| 1 | LH, MOULDING, FR BUMP (SN) | SCRATCHED | 114.00 | 114.00 |
| 1 | LH, MOULDING, FR WHEE (SN) | SCRATCHED | 197.00 | 197.00 |
| 1 | LH, FR FENDER (SN) | TO REPAIR SEE LABOUR | 681.00 | - |
| 16 | CLIP, SPLASH SHIELD @\$4.00 (SN) | NECESSARY | 64.00 | 64.00 |
| 10 | CLIP, BUMPER @\$2.00 (SN) | NECESSARY | 20.00 | 20.00 |
| 1 | COVER, DOOR MIRROR, OT (SN) (ADDITIONAL) | CUT | 137.00 | 137.00 |
| | | | 2,507.00 | 1,826.00 |
| LABOUR | | | | |
| | DIAGNOSTIC / SCANNING. | | 250.00 | 250.00 |
| | TO CHECK LIGHTING / WIRING SYSTEM ON FRONT ACCIDENT AFFECTED AREAS. | | 100.00 | 80.00 |
| | TO REPLACE FRONT BUMPER, LH FENDER, LHF SIDE MIRROR, ETC. TO REPAIR LHF DOOR. INCLUSIVE OF THE REPAIR OF LH, FR FENDER. | | 3,000.00 | 1,800.00 |
| | SPRAY PAINTING ON FRONT LHS ACCIDENT AFFECTED AREAS. | | 1,680.00 | 1,470.00 |
| | | | 5,030.00 | 3,600.00 |
| GRAND TOTAL | | | 7,537.00 | 5,426.00 |
| RECOMMENDED COST OF REPAIRS | | | | 5,426.00 |

Report Ref No. CS/SPF19005695/Gqd3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$5,200-\$5,500

RECOMMENDED REPAIR DAYS : 5

WEEKEND : 2

TOTAL DAYS : 7

XING GUO QIANG

M.MATAI, AMSAE-A

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