

Surveyor

REF: CS3/ASM18022751/Eqd31⁰²

Special Instruction:

From (Person): Xin Yi of Scottong Date/Time: 15/3/2019

Estimated Cost: Bill to:

Hs: \$7900.00

Third Parties:

Claimant:

Surveyor: C.L. Appraiser

Workshop: Karz works

OD IP Re-inspection / Evaluation

To Inspect Vehicle No: SJ26292D Insured: WC E491A

at Workshop m/s: Karz works Tel: 68942975

of: 53 ubi Ave 1 # 01-23

Policy No: 19.26618 PD-0 Claim No: 19.26618 PD-0 88M016N9

Sum Insured: Excess:

Make of Veh: D.O.A. 13/12/2018

(Client's Record)

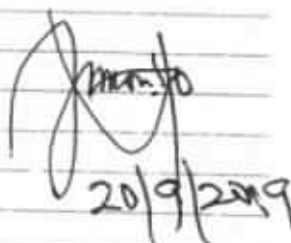
H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 10 days)

Date/Time: 20/9/19 Submit Final Fig 6150, 7 days (Red \$ 1750, 22%; Original 10 days)

Date/Time	Action/Instruction
	SJ26292D - CS3/ASM18022751/Eche 2 Due: 13/12/2018
	WC E491A - CS3/ASM18022751/Eche 2 Due: 13/12/2018
28/5/19	pending RI Appointment
31/9/19	Received email from chee kiong to conduct paper survey as client is unavailable for RI
18/9/19	received colored photographs from chee kiong.



20/9/2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

 Basic & Add
 Transport
 Photos
 Others
 Total

Date:

150
-
-
150

1) Date/Time 20/9/19 File Pass to: [Signature]

3) Date/Time File Pass to:

5) Date/Time File Pass to:

2) Date/Time

4) Date/Time

6) Date/Time

File Return to

File Return to

File Return to

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Friday, 15 March 2019 8:32 AM
To: 'Admin-D (LKKAuto)'; 'Admin A'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg
Subject: SJZ 6292D [Our file ref: 19.26618 PD-O]
Attachments: TP GIA REPORT-SJZ6292D.pdf; TPPD LITIGATION LOD BAY MIUN HOU.pdf; WC8491A INSD GIA REPORT.PDF

Dear Nivita,

CLAIMANT : BAY MIUN HOU
VEHICLE NUMBER : SJZ 6292D
ALLEGED ACCIDENT DATE : 13 DECEMBER 2018
AXA VEHICLE NUMBER : WC 8491A

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. A copy is enclosed.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please let us arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Friday, 24 May 2019 5:42 PM
To: 'Olivia Lau (LKKAuto)'; 'Celine Fong (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; 'Hsiao Tong (LKKAuto)'; 'Admin A'; 'SUR'; 'assignments'
Subject: SOP file ref: 19.26618 PD-O | [AXA]; SJZ 6292D// LKK Ref: CS3/ASM18022751/Ecbe2

Dear Celine

CLAIMANT :	BAY MIUN HOU
VEHICLE NUMBER :	SJZ 6292D
ALLEGED ACCIDENT DATE :	13 DECEMBER 2018
AXA VEHICLE NUMBER :	WC 8491A

We refer to the above and your Ms Olivia's email of 15 March 19.

Please forward to us your post repair report and invoice, for our further action. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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From: Olivia Lau (LKKAuto) <olivialau@lkkauto.com>
Sent: Friday, 15 March 2019 11:16 AM
To: Xin Yi <xinyi@seahong.com.sg>; Celine Fong (LKKAuto) <celinefong@lkkauto.com>
Cc: 'Chee Kiong' <cheekiong@seahong.com.sg>; samson@seahong.com.sg; amanda@seahong.com.sg; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: [AXA]; SJZ 6292D [Our file ref: 19.26618 PD-O] // LKK Ref: CS3/ASM18022751/Ecbe2

LKK Ref: CS3/ASM18022751/Ecbe2

Hi Xinyi,

Thank you for your email.

12/10/2018

ASS. REC. BY: _____ REF: 093/ASM18032751/Edgar | Special Instruction: _____

Survivor: Steve ASSIGNMENT (Office)
From (Period): Jas Tan of ASM Date/Time: 19.12.2018 8530am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SJZ 6393D Insured: WU 8491A

at Workshop no/s: Kurt Wakes Tel: _____

of 53 Ubi Ave 1 #01-23

Policy No: _____ Claim No: 88m016N9

Sum Insured: _____ Excess: _____

Make of Vch: _____ D.O.A. 13.12.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp' H.O.D. Endorsed: _____

Date/Time: 19.12.2018 1001am Person Contacted: Darren Vehicle: OUT

Date/Time	Action/Instruction (X) Estimate
	<u>SJZ 6393D - NO/LOU 18032751/21</u>
	<u>WU 8491A - X</u>
	<u>Dismantle: 20/12/2018</u>

PRs
Smart claim

REF: ASM (AXA)

ASSIGNMENT

From: Date: 19/12/2018

Vehicle No: SJZ 6292D

Trailer: 14/12/2018

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Private Motor / Truck / Trailer or

Colour: White

Sp. Reading: 104857

Eng/No: -

Chassis: ZFA3120021458580

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: 145/50R15
R: 145/50R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Kumho

Front Floor

R/Bal: 4 mm

L/Bal: 4 mm

D.O.A: 13/12/18

Survey held at: Karz Works

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

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

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Est. Repair: 408 days Res.: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted

Vehicle: IN / OUT

Date: Time: Action / Instruction

MV - 25.000

PV - 18.153

NV - 6841

Report large 8K - 9K

24/12/2018

Days Of Repair: 8

Resurvey No. of Trip: 1

Survey Fee: 100

Transportation: 100

Add Fee: ☐ Site Insp: 15
☐ Interview: 15
☐ Tech. Insp: 15
☐ Vehicle: 15

Report Format: PRS

Lump Sum / L.B.I: 15

[Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4139G
Vehicle Details	
Vehicle No.:	SJZ6292D
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Dec 2018
Vehicle Make:	FIAT
Vehicle Model:	500 LOUNGE 1.4 MT ABS D/AB SR 2WD 3DR
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	169A30001458580
Chassis No.:	ZFA31200000402070
Maximum Power Output:	66.0 kW (88 bhp)
Open Market Value:	\$15,851.00
Original Registration Date:	14 Dec 2010
First Registration Date:	14 Dec 2010
Transfer Count:	2
Actual ARF Paid:	\$15,851.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2020
PARF Rebate Amount:	\$8,718.00
Intended COE Rebate Details	
COE Expiry Date:	13 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$47,604.00
COE Rebate Amount:	\$9,435.00
Total Rebate Amount:	\$18,153.00

The information contained herein is correct as at 19 Dec 2018

OK

CL APPRAISER PTE LTD

24 Penhurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Bay Miun Hou
C/o: Karz Works Pte Ltd
53 Ubi Ave 1 Paya Ubi Ind Park
#01-23 Singapore 408934

Invoice No: CL/190040

Ref No: KWS/12/1801/TP

Date: 10 January 2019

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SJZ 6292 D
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL S\$ 619.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd

We do not accept service of Court documents by fax

Our ref: AP/2019/000830

Savarimuthu Raja
Blk 627 Chao Chu Kang Street 62
#11-150
Singapore 680627

AXA Insurance Pte Ltd
Insurer of WC8491A
8 Shenton Way
#24-01 AXA Tower
Singapore 068311
Attn: Motor Claim Department
(your ref: to be advised)

WITHOUT PREJUDICE

By Certificate of Posting

30 19 67 24 32 - - -

By Hand



Date: 11 March 2019

Dear Sirs,

CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 13 DECEMBER 2018 AT ABOUT 20:00HRS INVOLVING MOTOR VEHICLES NO(S). WC8491A AND SJZ6292D ALONG EAST COAST ROAD

We refer to the above matter.

We act for Bay Miun Hou, the owner of SJZ6292D.

We are instructed by our clients to claim damages against you in connection to the above-mentioned road traffic accident involving our clients' vehicle and your vehicle bearing registration number WC8491A.

We are instructed that the above-mentioned road traffic accident was caused by the negligence of your authorised driver in the driving, management and/or control of your vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

Costs of repair	\$ 7,900.00
Loss of use	\$ 1,760.00
- Pre-repair (8 days including intervening weekend x \$80.00 per day)	\$ 640.00
- During repair works (14 days including intervening weekend x \$80.00 per day)	\$1,120.00
Our Legal Costs	\$ 1,500.00
Disbursements (incurred to-date)	\$ 806.00
- Survey report fees	\$ 619.00
- GIA/LTA search/document fee	\$ 37.00
- Other Incidentals	\$ 150.00
Total	\$ 11,966.00

11 March 2019

AP/2018/000630

A copy each of the following supporting documents is enclosed:

- (a) Singapore Accident Statement of SJZ6292D;
- (b) Motor surveyor's report by CL Appraiser Services Pte Ltd;
- (c) Survey report invoice;
- (d) Correspondences with AXA Insurance Pte Ltd relating to pre-repair survey of our clients' vehicle.

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had on 27 December 2018 notified your insurer, AXA Insurance Pte Ltd, of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt to us within fourteen (14) days of your receipt of this letter, failing which, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

Yours faithfully,



Charles Hoon
enc.

c.c. clients

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 18 Dec 2018 / 15:26:00

Receipt Date/Time : 18 Dec 2018 / 15:26:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181218-002267

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - WC8491A As at 13 Dec 2018/20:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - WC8491A Enquiry Fee 20181218152329835380	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxx4633	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Print Receipt

OK

Save as PDF

From: CST
Sent: Thursday, 27 December 2018 5:00 PM
To: karzworks.sg@gmail.com
Cc: motor.survey@axa.com.sg; karzworks.sg@gmail.com; admin@mycar.sg
Subject: RE: OUR REF: KM1812-23 YOUR REF: WC8491A PRE-REPAIR INSPECTION FOR SJZ6292D

Dear Darren Ng,

Thank you for your email with the attachments well-received.

We have since copied our Motor claim team for their immediate action.

Do note that the correct mailbox for Pre-survey request is motor.survey@axa.com.sg

Dear Motor Survey,

Please record keep this email on file and inform claim handler for review and assessment.

Thank you

Regards,
Kae Isaguirre
Specialist, Customer Care Department
AXA Insurance Pte Ltd
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
DID: +65 6880 4888
www.axa.com.sg

----- Original Message -----

From: karzworks.sg@gmail.com
Sent: 18/12/2018
To: cst@axa.com.sg; motor.survey@axa.com.sg
Subject: OUR REF: KM1812-23 YOUR REF: WC8491A PRE-REPAIR INSPECTION FOR SJZ6292D

WITHOUT PREJUDICE

OUR REF: KM1812-23

YOUR REF: WC8491A

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SJZ6292D

ACCIDENT INVOLVING SJZ6292D AND WL8491A

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction - Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Regards,

Darren Ng

KARZ WORKS PTE LTD

53 Ubi Avenue 1

#01-23 Paya Ubi Industrial Park

Singapore 408934

Tel: 6844 5938

Fax: 6844 2474

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Should you require further assistance, please contact us at 1800 880 4888.

Regards,
Kae Isaguirre

Specialist, Customer Care Department
AXA Insurance Pte Ltd
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
DID: +65 6880 4888
www.axa.com.sg
ref: _00Db0Ky1f_5006F1yNgTY:ref

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From: No Reply

Sent: Tuesday, 18 December 2018 4:14 PM

To: karzwo-ks.sg@gmail.com

Subject: OUR REF: KM1812-23 YOUR REF: WC8491A PRE-REPAIR INSPECTIONFOR SJ26292D - CAS201812183438823

Thank you for your email.

We will look into your enquiry and get back to you within 3-5 working days. We seek your understanding and patience should we take slightly longer to respond because of our usually high email volume.

Our operating hours are between 9.00am to 5.30pm Mondays-Fridays, excluding Public Holidays.

Some points to note:

- Enquiries on Health policies, please contact our colleagues at customer.care.health@axa.com.sg
- To report a motor accident, please do so at any of our AXA Premium Workshops within 24 hours from the time of accident. You may refer to this link for our list of Premium Workshops.
- To all workshops/ third party lawyers, please email your survey request with supporting documents to motor.survey@axa.com.sg for direct assistance.

Best Regards,
Claims Service Team
AXA Insurance Pte Ltd

ref:_00Db0Ky1f_5006F1yNgTY:ref

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From: KARZ WORKS PTE LTD
Sent: Tuesday, 18 December 2018 4:14 PM
To: cst@axa.com.sg; motor.survey@axa.com.sg
Cc: 'KARZ WORKS PTE LTD'; admin@mycar.sg
Subject: OUR REF: KM1812-23 YOUR REF: WC8491A PRE-REPAIR INSPECTIONFOR SJZ6292D
Importance: High

WITHOUT PREJUDICE

OUR REF: KM1812-23
YOUR REF: WC8491A

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SJZ6292D
ACCIDENT INVOLVING SJZ6292D AND WC8491A

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction – Amendment No. 1 of 2016 of 2016 of Pre-repair inspection for your attention.

Regards,

Darren Ng
KARZ WORKS PTE LTD
53 Ubi Avenue 1
#01-23 Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 5938
Fax: 6844 2474

REPUBLIC OF SINGAPORE

Identification S1264139

BAY MIUN HOU



24 Sep 1957

24 Sep 1957



REPUBLIC OF SINGAPORE

IDENTITY CARD NO S1264139G



BAY MIUN HOU

馬明華

Race

CHINESE

Date of birth

09-09-1957

Sex

M

Country/Place of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

ISSUE DATE

27 Oct 1978

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

28 Feb 1982

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms



License No: S1264139G

EXP 2018

5931818



ISSUE NO: S1264139G



Date of issue

08-05-2018

Address

APT BLK 57 NEW UPPER CHANGI ROAD
#11-1354
SINGAPORE 461057

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	14/12/2018 14:17
Date Of Accident	13/12/2018 20:00
Exact Location Of Accident	EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6292D
Insured/Policyholder	
Name Of Registered Owner	BAY MIUN HOU
NRIC No	S1264139G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96641427
Alternative Phone No	OFFICE-96641427

Vehicle Particulars

Manufacturer	FIAT
Model	500 LOUNGE 1.4 MT ABS D/AB SR 2WD 3DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101424476
Cover Note Number	

Driver

Name of Driver	BAY MIUN HOU
NRIC No	S1264139G
Date Of Birth	09/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96641427
Fax Number	
Contact Number	OFFICE-96641427
Email Address	NOEMAIL

Address	BLK 57 NEW UPPER CHANGI ROAD #11-1354
Postcode	461057
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION. AFTER AN IMPACT, VEHICLE B DRAGGED MY VEHICLE TO THE FRONT.

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	WC8491A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAVARIMUTHU RAJA
NRIC/Passport Number	G6512329R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be in 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

- (i) 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").
- (ii) 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
- (iii) 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 used outside of Singapore, for one or more of the above Purposes.
- (iv) 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.
- (v) the information so collected under (i) 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
NIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A: 23262920
B: WC8491A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle in motion on pri...

DECLARATION

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

18
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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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	14/12/2018 15:04
Date Of Accident	13/12/2018 19:55
Exact Location Of Accident	EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC8491A
Insured/Policyholder	
Name Of Registered Owner	SYSTEM (RMC) PTE LTD
Co Reg No	198904467G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96353383
Alternative Phone No	OFFICE-96353383

Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S
Exact Purpose for which vehicle was being used at time of accident	WORK USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VSX/P1594694
Cover Note Number	

Driver

Name of Driver	SAVARIMUTHU RAJA
Passport No/FIN	G6512329R
Date Of Birth	25/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84214216
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 627 CHOA CHU KANG ST 62 #11-150
Postcode	680627
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	SJZ6292D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BAY MIUN HOU
NRIC/Passport Number	S1264139G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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.
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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.
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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.



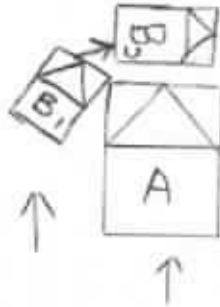
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



A: WC8491A
B: SJZ 6292D


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I am driving along East Coast Road with my vehicle WC8491A. Suddenly car B1 touch my vehicle and rotate. This is how the accident happen.

DECLARATION

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


Policyholder's Signature
Date & Time


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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCL APPRAISER PTE LTD

24 Penhurst Place, Singapore 556440
Email: clappraiser@ynhoo.com Hq: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Bay Miun Hou
C/o: Karz Works Pte Ltd
53 Ubi Ave 1 Paya Ubi Ind Park
#01-23 Singapore 408934

Date : 10 January 2019
Our ref : KWS/12/1801/TP

Accident Date : 13 December 2018
Inspection Date : 19 December 2018
Repairer Name : Karz Works Pte Ltd
53 Ubi Ave 1 Paya Ubi Ind Park
#01-23 Singapore 408934

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : SJZ 6292 D
Make / Model : Fiat 500
Chassis No : ZFA31200000402070
Engine No : 169A30001458580

Year / Capacity : 2010 / 1368 cc
Colour : White
Mileage : 104857

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	Kumho	195/50 R15	5 mm	Sport
Front Offside	Kumho	195/50 R15	5 mm	Sport
Rear Nearside	Kumho	195/50 R15	5 mm	Sport
Rear Offside	Kumho	195/50 R15	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the o/s portion.
(Details refer to the photographs attached)

Enclosed number of photographs: **74** copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis
and we have not given authorization and instruction to the repairer to proceed with the repair

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$ 7,900.00** on a contractual basis.

Under normal circumstances, the repair period would be about 10 (Ten) working days.

SCL APPRAISER PTE LTD

Vehicle Registration No: SJZ 6292 D

Our Ref No: KWS/12/1801/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Front o/s headlamp /	Damage	\$ 885.60	\$ 885.60
1	Front bumper X SVC	Damage	\$ 998.00	\$ 998.00
1	Front bumper o/s side retainer /	Necessary	\$ 38.60	\$ 38.60
1	Front o/s fender /	Damage	\$ 485.80	\$ 485.80
1	Front o/s fender inner shield /	Damage	\$ 192.70	\$ 192.70
1	Front o/s door /	Damage	\$ 1,265.30	\$ 1,265.30
1	Front o/s door glass /	Damage	\$ 525.00	\$ 525.00
1	Front o/s door glass outer moulding /	Damage	\$ 155.00	\$ 155.00
1	Front o/s door hinge /	Damage	\$ 75.00	\$ 75.00
1	Front o/s door inner board /	Damage	\$ 235.00	\$ 235.00
1	Front o/s door lock /	Damage	\$ 182.00	\$ 182.00
1	Front o/s door outer handle /	Damage	\$ 145.00	\$ 145.00
1	Front o/s door regulator /	Damage	\$ 185.00	\$ 185.00
1	Front o/s door regulator motor X SVC	Damage	\$ 215.00	\$ 215.00
1	Front o/s door rubber /	Necessary	\$ 126.20	\$ 126.20
1	Front o/s door side mirror /	Damage	\$ 495.00	\$ 495.00
1	Rear bumper /	Damage	\$ 795.00	\$ 795.00
1	Rear bumper side retainer /	Necessary	\$ 42.70	\$ 42.70
			\$ 7,041.90	\$ 7,041.90
Less 10%			\$ 704.19	\$ 704.19
Total Cost - List Items			\$ 6,337.71	\$ 6,337.71

SPECIAL NETT ITEMS

1	Rear o/s wheel rim	Damage	\$ 500.00	\$ 500.00 X SVC
Total Cost - Special Nett items			\$ 500.00	\$ 500.00

Total cost of parts

\$ 6,837.71	\$ 6,837.71
--------------------	--------------------

Vehicle Registration No: SJZ 6292 D

Our Ref No: KWS/12/1801/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 6,837.71	\$ 6,837.71

LABOUR

1	To check wiring, lighting and resetting headlamps focussing.	\$ 80.00	\$ 50.00 30/
2	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00 X
3	To remove and refit inner garnishes, inner trim to assist repair.	\$ 180.00	\$ 120.00 80/
4	To remove and refit fuel tank assembly with all attachments, pipe and hoses.	\$ 150.00	\$ 120.00 80/
5	To conduct wheel alignment.	\$ 150.00	\$ 120.00 60/
6	To remove and refit doors complete fittings and replace damaged parts, transfer all fittings to new door.	\$ 150.00	\$ 120.00 50/
7	To apply undercoating on repaired and replaced panel.	\$ 180.00	\$ 120.00 30/ 80 +50 Δ
8	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld; re-align body structure and damaged consistent to the accident.	\$ 1,600.00	\$ 1,250.00 1100/
9	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,400.00	\$ 1,100.00 1000/

GRAND TOTAL

\$ 10,807.71 \$ 9,887.71

C L APPRAISER PTE LTD

Vehicle Registration No: SJZ 6292 D

Our Ref No: KWS/12/1801/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 7,900.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be valid.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



Your Ref: 19.26618 PD-O

Date: 23rd Sep 2019

Our Ref : CS3/ASM18022751/Eqd3e2-1

M/s AXA Insurance Pte Ltd
C/O: Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SJZ 6292D
INSURED VEHICLE: WC 8491A
ACCIDENT DATE: 13/12/2018

We thank you for your instruction on 15/03/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SJZ 6292D from M/s C L Appraiser Pte Ltd.
- b) Singapore Accident Statement of Vehicles SJZ 6292D and WC 8491A.
- c) Colour damaged vehicle photographs of SJZ 6292D.

Pre-Repair Inspection Date : 19/12/2018 at M/s Karz Works Pte Ltd, 53 Ubi Ave 1 Paya Ubi Ind Park, #01-23 Singapore 408934.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SJZ 6292D
Make & Model	: Fiat 500 Lounge 1.4 MT ABS D/AB SR 2WD 3DR
Year of Registration	: 2010
Chassis Number	: ZFA31200000402070
Engine Capacity	: 1368 cc
2. We recommend that the repairs of the entire damage require about 7 (Seven) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJZ 6292D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT O/S HEADLAMP	DAMAGED	885.60	885.60
1	FRONT BUMPER	SERVICEABLE	998.00	-
1	FRONT BUMPER O/S SIDE RETAINER	NECESSARY	38.60	38.60
1	FRONT O/S FENDER	DAMAGED	485.80	485.80
1	FRONT O/S FENDER INNER SHIELD	DAMAGED	192.70	192.70
1	FRONT O/S DOOR	DAMAGED	1,265.30	1,265.30
1	FRONT O/S DOOR GLASS	DAMAGED	525.00	525.00
1	FRONT O/S DOOR GLASS OUTER MOULDING	DAMAGED	155.00	155.00
1	FRONT O/S DOOR HINGE	DAMAGED	75.00	75.00
1	FRONT O/S DOOR INNER BOARD	DAMAGED	235.00	235.00
1	FRONT O/S DOOR LOCK	DAMAGED	182.00	182.00
1	FRONT O/S DOOR OUTER HANDLE	DAMAGED	145.00	145.00
1	FRONT O/S DOOR REGULATOR	DAMAGED	185.00	185.00
1	FRONT O/S DOOR REGULATOR MOTOR	SERVICEABLE	215.00	-
1	FRONT O/S DOOR RUBBER	NECESSARY	126.20	126.20
1	FRONT O/S DOOR SIDE MIRROR	DAMAGED	495.00	495.00
1	REAR BUMPER	DAMAGED	795.00	795.00
1	REAR BUMPER SIDE RETAINER	NECESSARY	42.70	42.70
	LESS 10% DISCOUNT		-704.19	-582.89
			6,337.71	5,246.01
SPECIAL NETT ITEMS				
1	REAR O/S WHEEL RIM (SN)	SERVICEABLE	500.00	-
			500.00	-
LABOUR				
	TO CHECK WIRING, LIGHTING AND RESETTNG HEADLAMPS FOCCUSING.)		80.00	30.00
	TO REMOVE, REFIT, REPLACED DAMAGED LAMPS AND CHECK UP REAR ELECTRICAL WIRING.)		80.00	-
	TO REMOVE AND REFIT INNER GARNISHES, INNER TRIM TO ASSIST REPAIR.		180.00	80.00
	TO REMOVE AND REFIT FUEL TANK ASSEMBLY WITH ALL ATTACHMENTS, PIPE AND HOSES.		150.00	80.00
	TO CONDUCT WHEEL ALIGNMENT.		150.00	60.00



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO REMOVE AND REFIT DOORS COMPLETE FITTINGS AND REPLACE DAMAGED PARTS, TRANSFER ALL FITTINGS TO NEW DOOR.		150.00	50.00
	TO APPLY UNDERCOATING ON REPAIRED AND REPLACED PANEL.		180.00	80.00
	TO PROVIDE LABOUR CHARGES, WORKMANSHIP TO DISMANTLE ABOVE DAMAGED PARTS, REPAIR INCLUDING CUT AND WELD, RE-ALIGN BODY STRUCTURE AND DAMAGED CONSISTENT TO THE ACCIDENT.		1,600.00	1,100.00
	TO RESPRAY PAINTING INCLUDE POLISHING AND WAXING ON THE CHANGED BODY PARTS, REPAIRED PORTIONS WHERE CONSISTENT TO THE ACCIDENT.		1,400.00	1,000.00
			3,970.00	2,480.00
GRAND TOTAL			10,807.71	7,726.01
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,150.00

Report Ref No. CS3/ASM18022751/Eqd3e2-1

CHEN TSUE YEE

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.