

Surveyor: KelvinREF: NS/IN(V01364/214302

## ASSIGNMENT

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

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

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

To Inspected Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: SJP621RPolicy No. 5105860236 (27/11/2018-26/02/2020)Claims No. MT/1056028-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHD 4479K Yr Regn: 20 Aug 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.O. 1798Colour: Blue A/C: Ins Std / NI / NASp. Reading: 29 5398 T/Radio: Ins Std / NI / NA

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

C/No: STD/KBJF47035 6499PGen. Cond: Good / 6 / Poor / BurntSteering: Inord~~er~~ / Jammed / Leaked / Burnt orBrake: Inord~~er~~ / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A~~R~~ / Rim orTyre Size: F: 195/65R15

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

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

TOYO / YOKO or avant:

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

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 21/2/19 D.O.I. 2/8/19Survey held at CPGE (Loyang)

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

Pen n/s

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

Date / Time	Action / Instruction
	SHD 4479K-X <u>Inc</u>
	SJP 6211R-X <u>PIP</u>
7/8/19	<u>Intermed PIP \$1070.05 / 2 hrs. (Red 977.05, 4890)</u>

RECEIVED 08 AUG 2019

Date/Time, File Pass to?

☐ : Preli. Report1) 7/8- typist☐ : Final Report

Date/Time, File Return to?

2) PIP \$1070.05Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐

Site Insp

\$

Survey Fee:

Transportation:

US + RS: \$

160

**Veron Chen (LKKAUTO)**

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**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 7 August 2019 2:27 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

Rgds

Samsia

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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Wednesday, 7 August 2019 10:23 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1056028-002	COMFORT TRANSPORTATION PTE LTD	SHD 4479K	SJP 6211R
2	MT/1056416-002	COMFORT TRANSPORTATION PTE LTD	SHA 3679Y	GBJ 177Y

D.O.A	Time of Accident	Estimate	Tentative repair cost
31/7/2019	20:30	\$2,047.30	\$1,070.05
2/8/2019	23:25	\$766.00	\$500.00

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s)

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="31/07/2019 09:09"/>							
Vehicle No.(For Motor)	<input type="text" value="SJP6211R"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105860236		LAM ZHENGJUE (LIN ZHENGJUE)	S8435028A	GPC	drive CLASSIC	SJP6211R	SJP6211R	27/11/2018	26/02/2020

## 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	01/08/2019 09:30
Date Of Accident	31/07/2019 20:30
Exact Location Of Accident	SLIP ROAD FROM JURONG GATEWAY TO TOH GUAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4479K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G

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	TAN EAU PENG
NRIC No	S0910192F
Date Of Birth	07/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1971
Driving Experience	48 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93699114
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 102 JURONG EAST STREET 13 #07-124
Postcode	600102
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### 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 ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP6211R
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM ZHENGJUE

NRIC/Passport Number S8435028A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

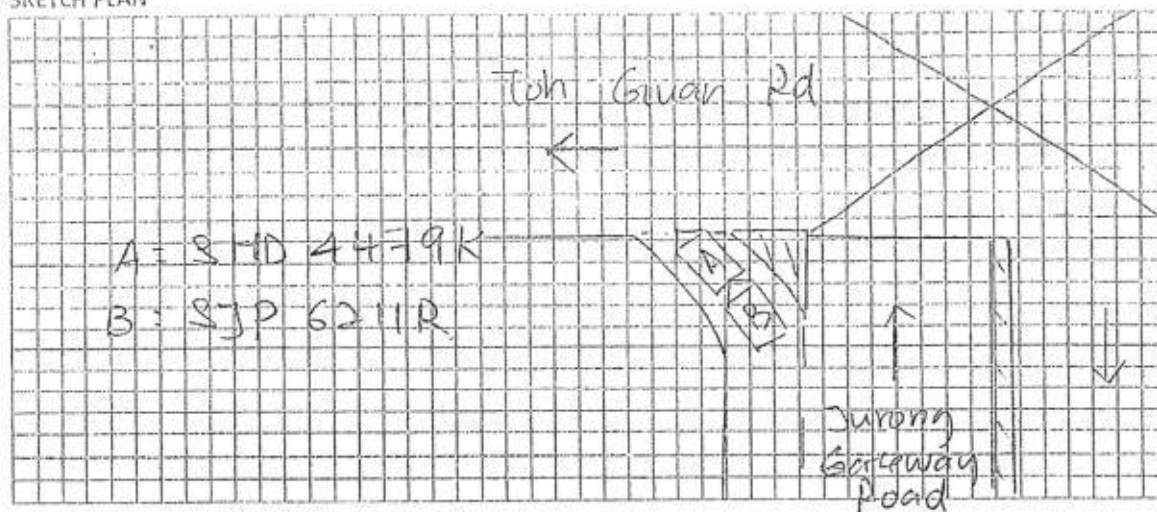
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: **Loke Wei Yieng**  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

4. 4  
5. 8

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/7/19 at about 20:30 hrs, I was driving at above said location with 4 pax onboard. When I stop at give way line waiting major road traffic to clear, Veh B came from behind collided onto the rear portion of my stationary taxi. No injury at the point of accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

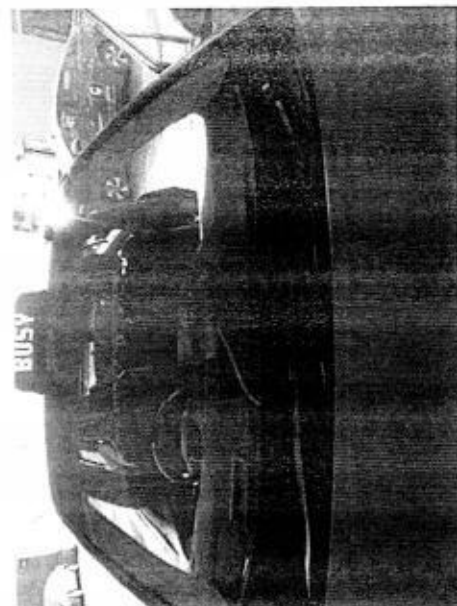
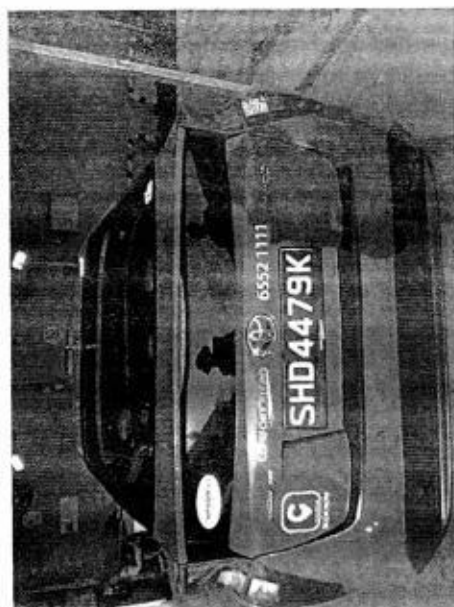
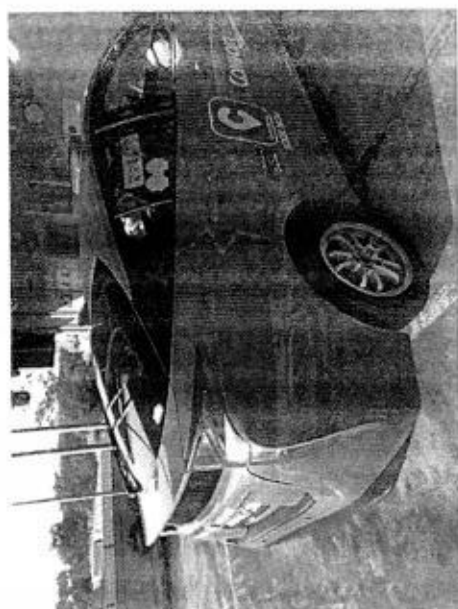
Policyholder's Signature  
Date & Time:

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

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

GIARMC SketchPlanForm\_V3





Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305321549

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VAP

1/MS

7010045

CUSTOMER NO.

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

L (R)

(O)

(P)

SCOUNT CARD NO.

REGN NO.

SHD4479K

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)01.08.2019 08:45

DATE/TIME IN

YR OF MANU

30.08.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU703564998

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 31.07.2019

NATURE: 3P 31.07.2019

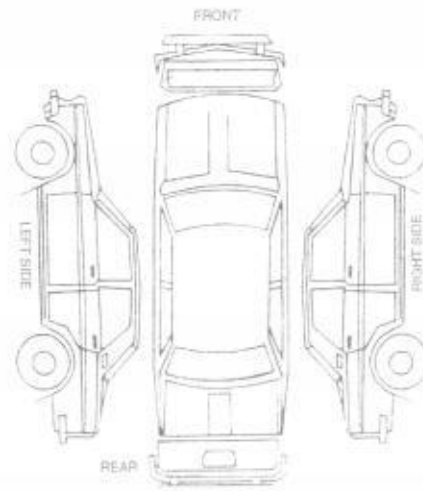
S/NO

LABOR CODE

DESCRIPTION

NTUC - Car

Lte/Kabin -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

ie:

Id:

ple No:

SHD4479K

LARRY

Vehicle No.:

SHD4479K

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD4479K

DATE: 1. Aug. 2019

MAKE : TOYOTA

MODEL : PRIUS

DOA: 31. Jul. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>X 1/2 car</i>			\$458.60
1	Rear Bumper Beam <i>X / Best</i>			\$318.80
10	Rear Bumper Clips <i>✓</i>		\$2.20	\$22.00
1	Rear Bumper Undercover <i>Defend</i>			\$552.60
SUB TOTAL				\$1,352.00
LESS 20% <i>25%</i>				\$270.40
DISCOUNTED TOTAL				\$1,081.60
1	Reverse Sensor <i>X</i>			\$135.70
1	Rear Bumper Rubber Mat <i>X</i>			\$50.00
				\$185.70
<b>Labour Charge</b>				
1	Panel Beating			<del>\$300.00</del> <i>200</i>
1	Spray Painting Charge			<del>\$300.00</del> <i>200</i>
1	Remove/refix reverse sensor			<del>\$100.00</del> <i>X 11</i>
1	Tuff Kote			<del>\$80.00</del> <i>X 11</i>
TOTAL LABOUR				\$780.00
ESTIMATE TOTAL				\$2,047.30

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.

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

JOB NO : 305321549  
REGN NO : SHD4479K  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 30.08.2017  
DATE/TIME IN : 01.08.2019 08:45  
ACCIDENT DATE : 31.07.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0002 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0003 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10

SUB-TOTAL : 670.05

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 400.00

TOTAL : 1,070.05

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305321549

Date : 6. Aug. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4479K

Date of Accident: 31. Jul. 2019

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

1. The repair job shall bill to: NTUC SJP6211R

2. The finalized amount shall be:

(a) Spare Parts after List discount \$670.05

(b) Labour Charges \$400.00

**Total for Part-By-Part Repair Cost \$1,070.05**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days.

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 7/8/19

## 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				
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/INC19013617/K1vf3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 13-08-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJP 6211R	Veh. Inspected	SHD 4479K	
Policy No.	5105860236	Coverage (\$)	0.00	
Claim No.	MT/1056028-002	Excess (\$)	0.00	
Assign From		Assign Date	02/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU703564998	Colour	BLUE	
Odometer	295398	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	31/07/2019	Inspection Date	02/08/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4479K**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER BEAM	BENT	318.80	318.80
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	DEFORMED	552.60	552.60
	LESS 20% DISCOUNT		-270.40	-
	LESS 25% DISCOUNT		-	-223.35
			1,081.60	670.05
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	100.00	-
	TUFF KOTE.	NOT NECESSARY	80.00	-
			780.00	400.00
	<b>GRAND TOTAL</b>		<b>2,047.30</b>	<b>1,070.05</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,070.05</b>

Report Ref No. NS/INC19013617/K1vf3n2

**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****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.

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