

(08/11/13)

Surveyor: Kalvin

REF: *

AS/INC19015040/K2 v3 n2

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: PA 98567

Policy No. 5167142697 (01/02/2019 -)

Claims No. MT / 1059460-002

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 Rpt: _____ 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 85384 Yr Regn: 12 May 2016

Type: M. Car / M. Cycle / Bus / Van / Lorry / T 2 / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 240 c.c. 1685

Colour: Yellow A/C: Insu ed / Std / NI / NA

Sp. Reading: 44 2345 T/Radio: Insu ed / Std / NI / NA

Eng/No: _____

C/No: KM 4LB414494089081

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ino der / Jammed / Leaked / Burnt or _____

Brake: Ino der / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / ST B A/Rim or _____

Tyre Size: F: 205 / 60 R16

R: _____

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

Front _____ Rear _____

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

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

D.O.A. 24/8/19 D.O.I. 26/8/19

Survey held at C/DHE (Loyang)

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

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

Date / Time	Action / Instruction
	PA 98567 : NA/INC13006877/1/3 : D.O.A. : 11/04/2013 Inc
	SHD 85384 CS/FC17010725/Krbn2 D.O.A. : 25/05/2017 4/
29/8/19	Contract 615 \$1900 / 3 Pgs. (Red 1688.16, 47%)

Date/Time, File Pass to? : Prel. Report
 : Final Report

Date/Time, File Return to? 29/8 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

Survey Fee:	
Transportation:	
S + RS	\$ _____
Photos	<u>160</u>

TP Claims against NTUC Income: Follow-Through Survey

Date : 29/8/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1059127-002	CITY CAB	SHC 7839R	SLE 2784P
2	MT/1058975-002	COMFORT TRANSPORTATON PTE LTD	SHD 3502H	SLE 7194J
3	MT/1059997-001	COMFORT TRANSPORTATON PTE LTD	SHC 8694J	PA 7328P
4	MT/1059876-002	COMFORT TRANSPORTATON PTE LTD	SHA 2978R	SGJ 2082P
5	MT/1059460-002	CITY CAB	SHD 8538Y	PA 9856T
6	MT/1059252-002	COMFORT TRANSPORTATON PTE LTD	SHC 1969M	SGU 3179E
7	NOT OI	COMFORT TRANSPORTATON PTE LTD	SHC 3795J	RD 6116B
8	MT/1058948-002	CITY CAB	SHC 945M	SHB 8835A
9	MT/1059622-002	COMFORT TRANSPORTATON PTE LTD	SH 8976P	SLK 5510L
10	MT/1059792-002	COMFORT TRANSPORTATON PTE LTD	SHA 5130A	GX 8426T
11	MT/1060017-001	COMFORT TRANSPORTATON PTE LTD	SHD 3260E	FBJ 9363S

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107142697		SUN-GEE TRAVEL PTE LTD	198102038Z	GFT	Third Party	PA9856T	PA9856T	01/02/2019	

Continue

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	26/08/2019 09:36
Date Of Accident	24/08/2019 18:40
Exact Location Of Accident	T JUNCTION OF CLAYMORE RD AND ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8538Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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-18088937MFSH D-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	LIM GHEE HENG
NRIC No	S1669468A
Date Of Birth	02/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94214319
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 211 BISHAN STREET 23 #06-337
Postcode	570211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (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)	1

Details of Police Action

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

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9856T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	AH YONG
NRIC/Passport Number	
Contact Number	96287641
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR RIGHT
No. Of Passenger (Including Driver)	

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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.
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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.

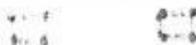
CITYCAB PTE LTD
CO. REG. NO. 199502F39G

Policyholder's Signature
Date & Time:

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

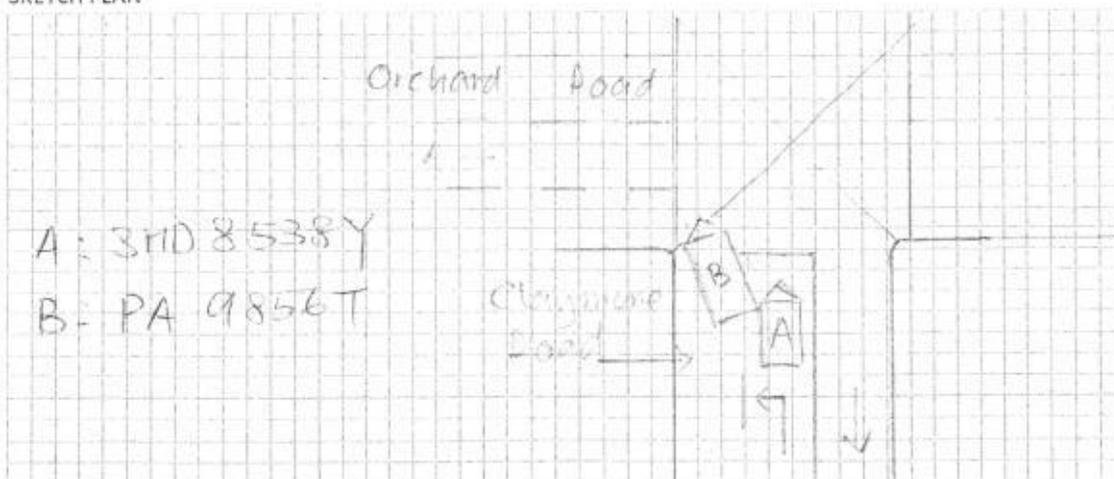
Reporting Centre Personnel's Signature
Name: Loke Wei Yeng
NRIC/FIN No.:

REGISTRATION NUMBER: 92



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/8/19 at about 18:40hrs, I was driving slow at above said location without pay. While I approaching the junction, Ven B was making left turn and its rear right portion hit & grazed area the left front portion of my stationary taxi. Subsequently Ven B continue drives off, then I managed to stop him. Scene photo taken. No injury reported in this accident.

DECLARATION

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

CITICORP LTD
CO. REG. NO. 199502F39R

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

25/8/19

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

Loke Wai Yeng

Address: 100 Robinson Road, Singapore



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: 24.8.19 Time Received: 1955

New SPARK Kakis

Name of Customer: Mr LIM

Contact No. 94214319

Vehicle No. SHD8538Y

Make / Model / Colour: 140

Email: _____

3. Vehicle Type:
 Private
 Taxi (CTPL/CCPL)
 Fleet
 STK (Boon Lay)

4. Type of Towing:
 Normal Tow
 King Dolly
 Flat Bed
 Crane-up

5. Nature of Service:
 Jumpstart
 Recovery
 Change Tyre / Battery

6. Parts Replaced/Remarks:

Location: 38 Tomlinson RD

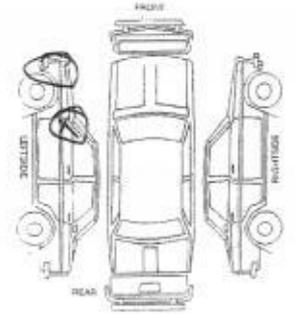
Preferred Workshop:
 Braddell Loyang Pandan
 Sin Ming Sungei Kadut Ubi
 Senoko Komoco (UBI / Leng Kee) Cycle & Carriage (PD)
 Others: _____

8. Vehicle Tow - In Workshop:
 Smoky Exhaust Wheel Jammed
 Overheating Steering Faulty
 Brake Faulty Alternator Faulty
 Starting Problem Loss Power
 Accident Engine Stalled
 Return Taxi

Odometer Reading: _____

Fuel Level: F 1/4 1/2 3/4 E

11. Radio / CD Player
 OK
 Faulty
 Not tested



: Cracked X : Dented
 / : Scatched O : Missing

[Signature]
Signature of Customer

Job Attended

Tow Truck / Recovery Van: VRS QA GAO TZ YISHUN OTHERS

Name of Driver: LIM

Vehicle No.: QR5566I

Time Dispatch: _____

Time of Arrival: _____

Time Completed: _____

Cash Invoice Details (if applicable)

Cash Invoice No.: _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

24.8.19
Date

1955
Time

[Signature]
Signature of Customer

WORKSHOP

Name of Attending Staff/Guard: _____ Date & Time of Arrival: _____ Signature of Attending Staff/Guard: _____

Need Taxi Replace

Yes/No

LTS

Handwritten signature

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508968
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 509286
320 Ubi Road 3 Singapore 530024

24 Senoko Loop Singapore 758155
7 Sungai Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 756733

Date/Time: 26.08.2019 10:59 Page : 1

COMFORTDELGRO ENGINEERING

COMFORTDELGRO

ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305327582

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (0)

REGN NO.: SHD8538Y

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 24.08.2019 18:40

YR OF MANU 12.05.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU089081

COMPLETION DATE/TIME:

JOB CARD NO.

Accident Date: 24.08.2019
NATURE: 3P 24.08.19

JOB DESCRIPTION

LTS

LKK - Kalvin

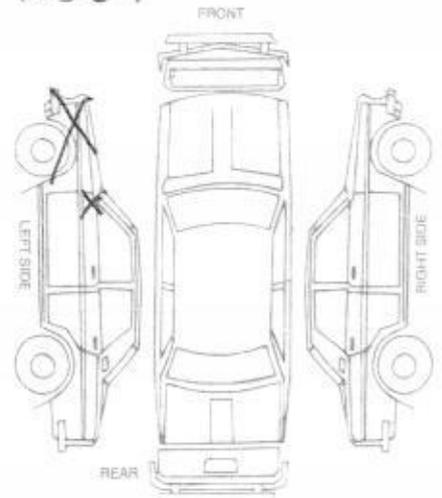
✓ Tow

NTUC - PA 9856T

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Exit Pass

1)

2)

3) Vehicle No.:

SHD8538Y

LIMITS

Vehicle No.:

SHD8538Y

NTUC - 48
LKK - Calvin

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305327582
REGN NO : SHD8538Y
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 24.08.2019 18:40
ACCIDENT DATE : 24.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-2322-A	FRT BUMPER	1	1,052.20	20.00	841.76	<i>cr</i>
0002	04-01-0103-0574-G	FRT FENDER LH	1	663.00	20.00	530.40	<i>x myri</i>
0003	04-01-0103-0600-G	WING MIRROR LH	1	670.00	20.00	536.00	<i>Bulka</i>
							<i>front windscreen Piller (LH) x myri</i>
							SUB-TOTAL : 1,908.16

JOB NATURE

0000	20-05	Frt Fender Av.Sticker LH				100.00	<i>✓</i>
0001	PB	PANEL BEATING				700 300	
0002	SP	SPRAYPAINT CHARGE				800 600	
0003	17-01	CHECK ALL LIGHTING				40.00 x "	
0004	20-00	TUFF COAT ON AFFECTED PARTS.				40.00 x "	
0005	23-01	TOWING FEE				0.00 x	
							SUB-TOTAL : 1,240.00

Our Job Ref No : 305327582

Date : 28/08/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD8538Y

Date of Accident : 24-Aug-19

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

1. The repair job shall bill to: NTUC --- PA9856T

2. The finalized amount shall be:

(a) Spare Parts after List discount _____

(b) Labour Charges _____

Total for Part-By-Part Repair Cost _____

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,900.00

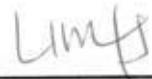
Final Lumpsum Repair cost \$1,900.00

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature 

Name : LIM T S

Name KALVIN

Tel : 62148398

Date : 29/8/19

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19015040/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-09-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PA 9856T	Veh. Inspected	SHD 8538Y
Policy No.	5107142697	Coverage (\$)	0.00
Claim No.	MT/1059460-002	Excess (\$)	0.00
Assign From		Assign Date	26/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089081	Colour	YELLOW
Odometer	442345	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/08/2019	Inspection Date	26/08/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8538Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT BUMPER	CRACKED	1,052.20	1,052.20
1	FRT FENDER LH	TO REPAIR SEE LABOUR	663.00	-
1	WING MIRROR LH	BROKEN	670.00	670.00
1	FRONT WINDSCREEN PILLAR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-477.04	-344.44
			1,908.16	1,377.76
SPECIAL NETT ITEMS				
1	FRT FENDER AV STICKER LH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT FENDER LH AND FRONT WINDSCREEN PILLAR (LH). SPRAYPAINT CHARGE.		700.00	300.00
	CHECK ALL LIGHTING.	NOT NECESSARY	800.00	600.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
	TOWING FEE. (NPA)		40.00	-
			-	-
			1,580.00	900.00
GRAND TOTAL			3,588.16	2,377.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,900.00

Report Ref No. NS/INC19015040/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

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