

ARS. REC. BY:

REF:

CS/INC19015258/K13d3

Special Instruction:

Assigner: Kalvin

ASSIGNMENT (Office)

From (Person): Daniel Koh

of

INC

Date/Time: 29/08/2019 9.40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD1073S

Insured:

GX 4114 U

at Workshop m/s

Premier Automotive

Tel:

6544 6689

of

23 Changi South Avenue 2 #01-02

Policy No:

Claim No:

MT/1056286-002

Sum Insured:

Excess:

Make of Veh:

D.O.A.

2/8/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9.45am 29/8/19

Person Contacted:

Mr. Hiew

Vehicle IN/OUT

Date/Time

Action/Instruction

1. Shipment 1 ✓

SHD1073S - NA/A191500737P/F

DOA: 29/08/2019

GX 4114U - X

(08/11/13)

Surveyor: Kalinn

REF:

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: _____

Policy No. _____

Claims No. _____

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 10735 Yr Regn: 27 Jan 2016

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

Truck / Trailer or

Make: KIA Optima C.C. 1600Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 331684 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ICNA6M414MF5 659203

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Maxxis

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 2/8/19 D.O.I. 29/8/19Survey held at Premise 12.05pm

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

Front

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

Date / Time	Action / Instruction
	SHD 10735 X
	Gx 4114 U X
5/9/19	Chkd 4/5 \$600 / 2 Pys.
	(\$2,442.40 Red - 80%)

RECEIVED 05 SEP 2019

Date/Time, File Pass to?

05/09/19

1) Typ. 4

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend IS _____

TOTAL

Report Format:

Lump Sum / I.B.I. (\$ 600/- 4/5)

Nivitha (LKK Auto)

From: Daniel Koh <daniel.koh@income.com.sg>
Sent: Thursday, 29 August 2019 9:57 AM
To: 'assignments@lkkauto.com'
Cc: admin-d@lkkauto.com
Subject: FW: TP CASES FARMED OUT TO LKK ON 29/8/2019

Dear LKK,

Resend with claim numbers and O.I.C.

From: Daniel Koh
Sent: Thursday, 29 August 2019 9:40 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Cc: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>
Subject: FW: TP CASES FARMED OUT TO LKK ON 29/8/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OIV	DOA
1	JEFF LIN	MT/1058780-001	FBN3841Y	LOOI'S MOTOR	55 KAKI BUKIT PLACE SINGAPORE 416230	CK / 6743 1072	10:00-12:00	SKQ5113E	19/8/2019

2	CYNDIE YONG	MT/1056286- 002	SHD1073S	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	Mr Goh / 6544 6682	GX4114U	2/8/2019
3	WO JESSIE	MT/1059881- 001	SHD1507H	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	Mr Goh / 6544 6682	SLP2360X	27/8/2019
4	JEFF LIN	MT/1059794- 002	SJV5967T	VISION AUTOWORK PTE. LTD.	KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT	Michelle / 9856 4815	GBG8968U	26/8/2019

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Daniel Koh
Senior Admin Assistant
Motor Insurance
T +65 6430 7901
www.income.com.sg



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

in with you

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Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	29 Jan 2016 / 09:43:25	Receipt No.:	AACCK001-AX239-160129-000009
Asset Type:	Vehicle	Transaction Amount:	\$68,670.00
Asset ID:	SHD1073S	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20160129094325257262		
Vehicle No.:	SHD1073S		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	29 Jan 2016		
Original Registration Date:	29 Jan 2016		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5659203		
Engine No.:	D4PFDH314376		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2015		
Open Market Value:	\$22,302.00		
Minimum PARF Benefit:	\$13,933.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	29 Jan 2016 09:43:25		
COE No.:	2016012901003604W		
COE Expiry Date:	28 Jan 2024		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,307.00		
Lifespan Expiry Date:	28 Jan 2024		

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	05/08/2019 14:35
Date Of Accident	02/08/2019 16:35
Exact Location Of Accident	PERAK ROAD // DUNLOP ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1073S
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

Driver

Name of Driver	TAN GEOK HUA
NRIC No	S1229225B
Date Of Birth	04/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97387446
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 467 PASIR RIS DR 6 #11-422
Postcode	510467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

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

Circumstances of Accident

REFER ATTACH

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	GX4114U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	NG HONG SENG
NRIC/Passport Number	F0212292T
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.

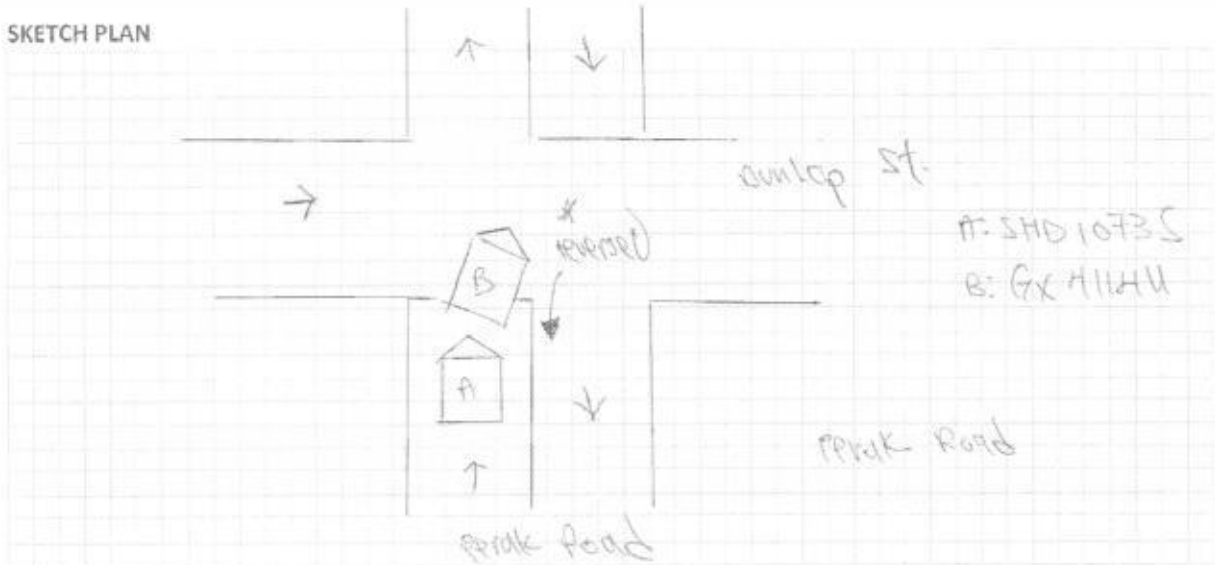


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

under attack

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/FIN No.:

- Describe Circumstance of the Accident.

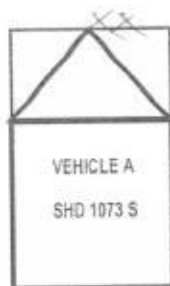
ON THE DAY 02.08.19 @1635HRS, I WAS DRIVING MY VEHICLE SHD1073S,
TRAVELING ALONG PERAK ROAD WITH 1 PASSENGER ON BOARD.

AS VEHICLE AHEAD OF ME STOPPED, I FOLLOW SUIT.
SUDDENLY VEHICLE B(GX4114U) REVERSED AND COLLIDED ONTO THE FRONT
PORTION OF MY VEHICLE,

DUE TO THE IMPACT, MY VEHICLE WAS DAMAGE ON THE FRONT PORTION
VEHICLE B DAMAGE ON THE REAR PORTION

NO INJURY INVOLVED.

DAMAGES FOUND ON VEHICLE A & B



Driver's Signature
Monday, August 05, 2019

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

5-Aug-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1073 S

1 pc	Bonnet grille		\$	385.00
1 pc	Front bumper	X	\$	531.00
1 pc	Front bumper emblem	X	\$	44.00
1 pc	Front bumper centre grille	X	\$	174.00
1 pc	Front bumper lower stiffer	X	\$	134.00
1 pc	Front bumper tow hook cover	X	\$	14.00
1 pc	Front bumper inner sponge	X	\$	110.00
1 pc	Front bumper reinforcement	X	\$	328.00
2 pcs	Front bumper o/s & n/s side retainer @ \$16.00	X	\$	32.00
2 pcs	Front bumper o/s & n/s upper bracket @ \$16.00	X	\$	32.00
2 pcs	Front bumper o/s & n/s support bracket @ \$16.00	X	\$	32.00
			\$	1,816.00
		Less 10%	\$	181.60
			\$	1,634.40

S/NETT

1 pc	Front no. plate with casing		\$	50.00
1 pc	Front bumper clips	X	\$	48.00
	Sundry		\$	50.00
	To check for wiring and to focus head lamps		\$	80.00
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	180.00
	To labour charge for dismantle and renew the accident damaged parts, knock-out, straighten, repair, reshape and adjust of the support panel etc		\$	200.00
	To putty and spray painting on front bumper		\$	250.00
			\$	3,042.40

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Kalvin 16/11/19
29/8/19 17:14
2 days
4h
Alh Repair photo

**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

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19015258/K1sd3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 09-09-2019



ATTN: CYNDIE YONG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GX 4114U	Veh. Inspected	SHD 1073S
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1056286-002	Excess (\$)	0.00
Assign From	DANIEL KOH	Assign Date	29/08/2019

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KNAGM414MF5659203	Colour	SILVER
Odometer	331684 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	MAXXIS	7 mm
L/H Front Tyre	205/65 R16	MAXXIS	7 mm
R/H Rear Tyre	205/65 R16	MAXXIS	7 mm
L/H Rear Tyre	205/65 R16	MAXXIS	7 mm

4. Description of Damages

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

5. General Information

Accident Date	02/08/2019	Inspect Date / Time	29/08/2019 (12:05 PM)
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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. SHD 1073S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET GRILLE	CRACKED	385.00	385.00
1	FRONT BUMPER	TO REPAIR SEE LABOUR	531.00	-
1	FRONT BUMPER EMBLEM	NOT NECESSARY	44.00	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	174.00	-
1	FRONT BUMPER LOWER STIFFER	SERVICEABLE	134.00	-
1	FRONT BUMPER TOW HOOK COVER	SERVICEABLE	14.00	-
1	FRONT BUMPER INNER SPONGE	SERVICEABLE	110.00	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	328.00	-
2	FRONT BUMPER O/S & N/S SIDE RETAINER @\$16.00	SERVICEABLE	32.00	-
2	FRONT BUMPER O/S & N/S UPPER BRACKET @\$16.00	SERVICEABLE	32.00	-
2	FRONT BUMPER O/S & N/S SUPPORT BRACKET @\$16.00	SERVICEABLE	32.00	-
	LESS 10% DISCOUNT		-181.60	-38.50
			1,634.40	346.50
SPECIAL NETT ITEMS				
1	FRONT NO PLATE WITH CASING (SN)	BENT	50.00	35.00
1	FRONT BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			148.00	55.00
LABOUR				
	TO CHECK FOR WIRING AND TO FOCUS HEAD LAMPS.	NOT NECESSARY	80.00	-
	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE SUPPORT PANEL ETC. INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		750.00	200.00
	TO PUTTY AND SPRAY PAINTING ON FRONT BUMPER.		250.00	180.00
			1,260.00	380.00
GRAND TOTAL			3,042.40	781.50

Report Ref No. CS/INC19015258/K1sd3n2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			600.00
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Report Ref No. CS/INC19015258/K1sd3n2

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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