

ASS-REC (V)

RET

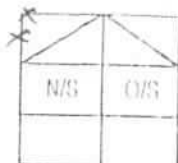
NS/INC19018112/Fs 302

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: **XD 5185L**
 Policy No: _____
 Client No: **MT/1068310-001**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vehicle: _____

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No
 GIA / PR Seen Consistent? : Yes or No
 Est. Repairs: days Res. Yes or No
 Turn Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHD 3623S** 22 Dec 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry **(Taxi)** Prime Mover /
 Truck / Trailer or

Make: **Hyundai 140** c.c. **1685**
 Colour: **blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **472066** T/Audio: Insured / Std / NI / NA

Eng/No: _____
 C/No: **KMHLE 841UMHU097284**

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / **STD A/Rim** or
 Tyre Size: **205/60 R16**

R: _____

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

Front: _____ Rear: _____
 R/Bal: **7** mm R/Bal: **7** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **14/10/19** D.O.A: **14/10/19**

Survey held at: **Comfort delgro (Loyang)**

Des. of Damages: **(Frt)** Rear / O/S **(N/S)** UIC / Rooftop or
Frt & N/S Frt

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

Date / Time: _____ Action / Instruction: _____

No Policy

XD 5185L NA/AIG17001930/14 DCA: 24/01/2017

SHD 3623S-CC4/1221901478/2013 DCA: 26/06/2019

Part by Part
 \$780.00/- 2 repair days
 confirm on 22/10/19

Signature
24/10/2019

NTC
 45

RECEIVED 24 OCT 2019

Date/Time: 24/10/19

1) **TPIC**
 Date/Time: File Return to?

☐ : Prel. Report
☒ : Final Report

Days Of Repair: **2**Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Insp (\$)
☐ Weekend (\$)

Report Format:

Lump Sum / I.B.I: (\$) **780/- P/P**

Survey Fee:

Transportation

15.00

Photos

Others

Total

160

160

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
XD5185L	14 Oct 2019 / 08:35:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SHD 3623S

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1067401-002	COMFORT TRANSPORTATION PTE LTD	SHC 8593S	SKK 5738J	16/10/2019	21:50	\$ 2,333.60	\$ 300.00
2	MT/1067154-002	COMFORT TRANSPORTATION PTE LTD	SHC 8543L	SKG 8694C	15/10/2019	08:45	\$ 1,965.46	\$ 1,050.00
3	MT/1068310-001	COMFORT TRANSPORTATION PTE LTD	SHD 3623S	XD 5185L	14/10/2019	08:35	\$ 3,833.52	\$ 780.00
4	MT/1067698-002	COMFORT TRANSPORTATION PTE LTD	SHA 4669U	SJT 6052L	18/10/2019	23:05	\$ 8,259.14	\$ 2,155.23
5	MT/1067791-002	COMFORT TRANSPORTATION PTE LTD	SHC 8518K	SMD 5745B	19/10/2019	23:05	\$ 1,992.84	\$ 750.00
6	MT/1067892-002	COMFORT TRANSPORTATION PTE LTD	SHD 4418L	SIQ 7697K	21/10/2019	14:05	\$ 5,497.02	\$ 2,500.00
7	MT/1066782-002	COMFORT TRANSPORTATION PTE LTD	SHA 3557R	SKP 5893S	11/10/2019	19:10	\$ 1,729.36	\$ 1,000.00

Claim received from LKK

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305341328

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHD3623S

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 14.10.2019 13:20

YR OF MANUF 22.12.2016

TARGET DATE

CHASSIS CODE KMHLB41UMHU097284

COMPLETION DATE/TIME:

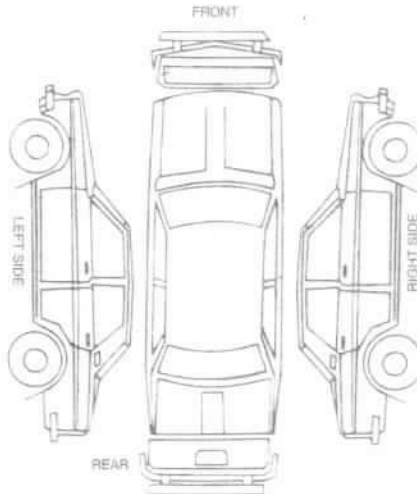
UNT CARD NO.

JOB DESCRIPTION

Accident Date: 14.10.2019

NATURE: 3P 14.10.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SHD3623S

LKE

RAM

Vehicle No.: SHD3623S

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

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	14/10/2019 14:54
Date Of Accident	14/10/2019 08:35
Exact Location Of Accident	T JUNCTION OF MANDALAY ROAD AND MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3623S
Insured/Policyholder	
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN AH SENG
NRIC No	S0060651J
Date Of Birth	08/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97575531
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 23 ELIAS ROAD RIS GRANDEUR #03-05
Postcode	519930
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191014/2070 * TYPE OF ACCIDENT :- 3P REVERSED

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	XD5185L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100303821R

Policyholder's Signature
Date & Time:

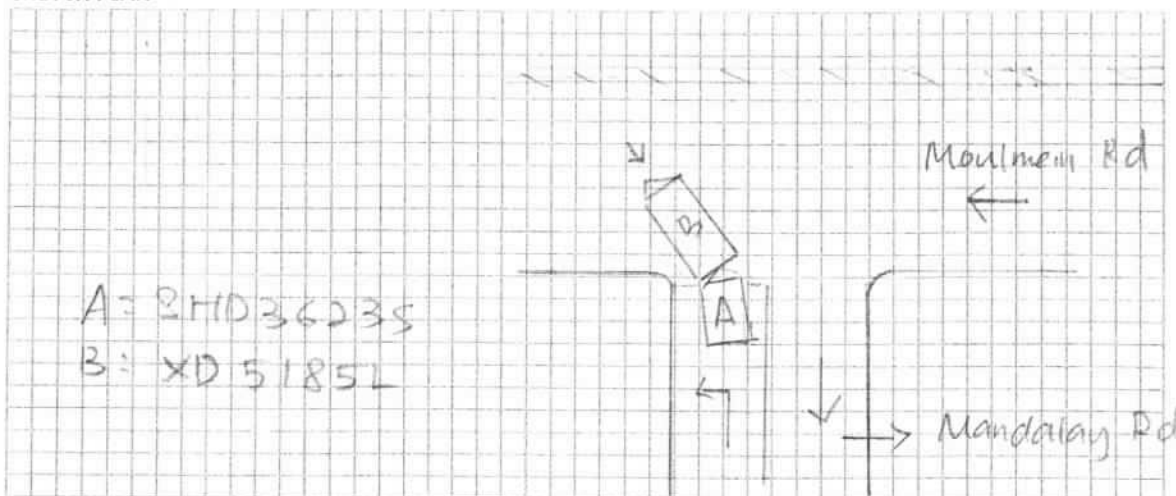
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMC 581613PlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report

7/2019/1014/2070

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

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.:

Loke Vwee Tieng

©ARHAC Sketchplanform 2013



**SINGAPORE
POLICE FORCE**



T/20191014/2070

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191014/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 12:59	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: TAN AH SENG		Address: BLK 23 ELIAS ROAD #03-05 SINGAPORE 519930	
ID Type / ID No.: NRIC NO / S0060651J		Contact No.: Home/Office: Mobile: 98373540	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 08/12/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/10/2019 08:35	Type of Location: Bend
Location: Along Road 1 MANDALAY ROAD MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3623S	Car				Slightly Damaged	2
XD5185L	TRUCK					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191014/2070

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20191014/2070

CONTINUATION OF REPORT

Driver			
Name	TAN AH SENG	ID No.	S0060651J
Related Vehicle	SHD3623S (Car)	Contact No.	98373540
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/10/2019 at about 8.34am, I was driving along Mandalay Road turning left onto Moulmein Road when suddenly a Rubbish Truck in front of me jammed brake while making the turn. The said vehicle then rolled back and collided onto the front portion of my vehicle. I sounded my horn to alert the driver to stop at the side but the driver continued driving off.

I have 2 passengers and they are not injured. I have an in-car camera and it was recording. The footage have been submitted to my company, Comfort Delgro.



**SINGAPORE
POLICE FORCE**



T/20191014/2070

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20191014/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/10/2019 12:59

Officer In Charge Of Case:
TP / HRT /
Insp GOH GEOK LYE
Contact No.: 65476148

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3623S

DATE 14/10/2019 16:00

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover xnn Repair			\$ 1,052.20
	Front Bumper Bracket Top (LH) ?xnn			\$ 22.40
	Headlamp (LH) xnn			\$ 1,388.00
	Front Fender (LH) xnn repair			\$ 566.30
	Front Fender Shield (LH) xnn			\$ 175.90
	Front Fender Retainer 2xnn			\$ 24.60
	SUB TOTAL			\$ 3,229.40
	LESS 20%			\$ 645.88
	DISCOUNTED TOTAL			\$ 2,583.52
	Front Fender Advertisement Logo (LH) nec			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 600.00
	Spray Painting Charge			\$ 500.00
	Wiring			\$ 50.00
	TOTAL LABOUR			\$ 1,150.00
	ESTIMATE TOTAL			\$ 3,833.52
<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>				
<p>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.</p>				

LKK/RAM.

Lke

NT4C

Ram (Lke)
14/10/19 16:15hrs

Part by Part

aff repair photo required
Parasuram@lkkauto.com
88622778

refer days : 2 days

Date : 18.10.19

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/INC19018112/Fsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-11-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XD 5185L	Veh. Inspected	SHD 3623S	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1068310-001	Excess (\$)	0.00	
Assign From		Assign Date	14/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097284	Colour	BLUE	
Odometer	472066	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	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/10/2019	Inspection Date	14/10/2019	
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:		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 3623S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER BRACKET TOP (LH)	NOT NECESSARY	22.40	-
1	HEADLAMP (LH)	NOT NECESSARY	1,388.00	-
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	566.30	-
1	FRONT FENDER SHIELD (LH)	NOT NECESSARY	175.90	-
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
	LESS 20% DISCOUNT		-645.88	-
			2,583.52	-
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER (LH).		600.00	280.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.	NOT NECESSARY	50.00	-
			1,150.00	680.00
GRAND TOTAL			3,833.52	780.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				780.00

Report Ref No. NS/INC19018112/Fsf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

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.

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.