

ASS. REC. BY:

REF:

CS/INC/901868/E+P3n2

Special Instruction:

Surveyor: ~~Taufik~~

ASSIGNMENT (Office)

From (Person): Theresa Vimala of INC Date/Time: 15/10/2019

Estimated Cost: _____ Bill to: _____

OD / ~~TP~~ / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: GY 8801M Insured: SKQ 8849Xat Workshop n/s Motorway Car Care Centre Pte Ltd Tel: 6571 9642of 1094 Lower Delta Road Motorway BuildingPolicy No: _____ Claim No: MT/1064715-002

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 30/09/2019

(Client's Record)

"wp"

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: _____

Date/Time: 15/10/2019 @ 02:15pm Person Contacted: Annie Tew Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>GY 8801M - NA/INC/901868/42 DOA: 16/09/2019</u>
	<u>SKQ 8849X - CC4/ASM/1903359/Gig 53 DOA: 18/09/2019</u>
	<u>Finalized at \$1300 (Red: 1100, 45%)</u>

Surveyor

Steve

REF:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no:

of

Insured

Policy No.

Claims No.

Sum Insured:

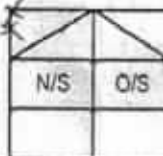
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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: GY8801M

Yr Regn: 16/8/19

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

Truck / Trailer or

Make: Ssangyong Actyon

C.C. 2157

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

4048

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KPA 0A IEE5 JP 329748

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

F:

225/75R16

R:

R:

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

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

30/9/19

D.O.I.

15/10/19

Survey held at

Motorway

11:27am

Des. of Damages: (Fr) / Rear / O/S / NIS / UIC / Rooftop or

Fm LH

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

Date / Time

Action / Instruction

MV-90K

STAMP

pls see my remarks

RECEIVED 17 OCT 2019

Signature
16/10

Date/Time, File Pass to?



: Proli. Report

1) 17/10 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + RS. SI

) Photos

) Others

) -

TOTAL

250

Report Format :

TP

Lump Sum / I.B.I: (\$

1300

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Summer Lee (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Wednesday, 16 October, 2019 9:07 AM
To: assignments
Subject: RE: TP CASES FARMED OUT TO LKK ON 15/10/2019

Hi Lkk, here is the list of the OIC names etc....

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
www.income.com.sg

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From: Theresa Vimala D/O Balagangadharan
Sent: Tuesday, 15 October 2019 10:07 AM
To: assignments <assignments@lkkauto.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>; Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Subject: RE: TP CASES FARMED OUT TO LKK ON 15/10/2019

Dear LKK,

Please assist to survey the following vehicles .

S/N	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	SERENE	MT/1066803-001	15/10/2019	SLD3925Z	BAN CHOON MOTOR WORKS	3 PIONEER ROAD NORTH #01-14/15 SINGAPORE 628457	Perlin / 62641191		SIW7966C	7/10	
2	CHARLOTTE	MT/1064715-002	15/10/2019	GY8801M	MOTORWAY CAR CARE CENTRE PTE LTD	1094 LOWER DELTA ROAD MOTORWAY BUILDING SINGAPORE 169205	Annie Tew / 6571 9642	10:00-12:00	SKQ8849K	30/9	
3	JEFF	MT/1064107-002	15/10/2019	XE4320P	VFIX AUTO PTE LTD	26 CHIA PING ROAD SINGAPORE 619977	Weng Sheng / 6455 2957	14:00-16:00	SIH7384K	26/9	Owner waiting
4	JEFF	MT/1066455-002	15/10/2019	SIW7856L	AUTO INSURE PTE LTD	6 MARSILING LANE	Sam Goh / 9743 6363		SIY9804D	11/10	
5	DAVID	MT/1066634-001	15/10/2019	SLN3940B	AUTO INSURE PTE LTD	6 MARSILING LANE	Geraldine Lim / 9743 6363		SGR6525K	10/10	
6	HELENA	MT/1059149-002	15/10/2019	SCG6128D	TAN CHONG MOTOR SALES PTE LTD	913 BUKIT TIMAH ROAD SINGAPORE 589623	ZUHRI / 67038916	10:00-12:00	SKZ7039B	22/8	Owner waiting
7	HUEY HUEY	MT/1062604-002	15/10/2019	GBD3120Y	TAN CHONG MOTOR SALES PTE LTD	913 BUKIT TIMAH ROAD SINGAPORE 589623	ZUHRI / 67038916	10:00-12:00	GBB3923H	16/9	Owner waiting

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



in with
you

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	927C
Vehicle Details	
Vehicle No.:	GY8801M
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Oct 2019
Vehicle Make:	SSANGYONG
Vehicle Model:	ACTYON SPORTS 2.2D 6AT 2WD ABS E6
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	67296022617537
Chassis No.:	KPADA1EESJP329708
Maximum Power Output:	-
Open Market Value:	\$22,918.00
Original Registration Date:	16 Aug 2019
First Registration Date:	16 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$24,086.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Aug 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$27,800.00
COE Rebate Amount:	\$27,336.00
Total Rebate Amount:	\$27,336.00

The information contained herein is correct as at 15 Oct 2019

OK

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	02/10/2019 14:45
Date Of Accident	30/09/2019 06:30
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 2 TWDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY8801M
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	ACTYON SPORTS-2.2 D 6AT 2WD ABS E6 (A)
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V01685/VCZ/R02
Cover Note Number	
Driver	
Name of Driver	JIN CHUNNAN
NRIC No	S2730813I
Date Of Birth	27/12/1962
Occupation	INDOOR
Date Of Driving Pass	16/11/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81002951
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NOADDRESS

Postcode

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 (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? NO

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

PLEASE SEE ATTACHED SKETCH

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ8849X

Vehicle Make/Model/Colour B.M.W. / 520i AT D/AB 2WD 4DR LED NAV

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

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:
NIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

30 Sept 19 6 20 AM GY BHOIM on the Woodlands Ave 2 toward to SLE at near by Woodlands Ave 2 7 1 junction. SK B B B hit into GY BHOIM line. 2 scratched the front left fender. @ 6 29 24.

SK B B B was unaware that he scratched my car. I saw him scratch it for 3 times before he stopped. I was able to press for particular car and explain it to him. I have contact No.

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 Person's Signature
Name
SRK/TIN No.:



MOTORWAY 1094 Lower Delta Road Motorway Building Singapore 1692
Main +65.6468 2200 | Fax +65.6273 5535

A/ANNE
NTUC INCOME
MOTOR CLAIMS DEPARTMENT
75 BRAS BASAH ROAD
NTUC INCOME CENTRE
SINGAPORE 189557
ATTN TO: MOTOR CLAIMS DEPT

ESTIMATES

VEHICLE NO. : GY8801M
CHASSIS NO : KPADA1EESJP329708
MAKE / MODEL : SSANGYONG ACTYON SPORTS 2.2D 6AT 2WD ABS E6
DATE OF ACCIDENT : 30.09.2019 @ 0630HRS
YOUR INSURED VEHICLE NUMBER : SKQ8849X

LABOUR CHARGES

1	TO KNOCK AND REPAIRS FRONT BUMPER AND FRONT FENDER LH	\$	900.00	<i>400</i>
2	PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER)	\$	900.00	<i>too high</i>
3	TO APPLY ANTI RUST TREATMENT ON THE REPLACED AND REPAIRED PANELS	\$	200.00	<i>incl 1 Day</i>
4	TO CARRY OUT DIAGNOSTIC TEST	\$	400.00	<i>X</i>
TOTAL LABOUR		\$	2,400.00	
GST 7%		\$	168.00	
GRAND TOTAL		\$	2,568.00	

16/10/19
Steve CLKK 8322 8817
Steve chin@lkkauto.com
15/10/19, 11.39am
My AL sm
PIP

LABOUR PER DAY - \$400
SPRAY PAINT PER PORTION - \$450

Prepared By : -
ANNIE TEW
Motor Claims
TEL: 6571 9642 FAX : 6278 5535
EMAIL: ainee@motorway.com.sg

LKK Auto Consultants hence notify the Repairer of the following:

- 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

Acknowledged by Repairer
Signature: _____
Date: _____

**MOTORWAY**

1094 Lower Delta Road Motorway Building Singapore 1692

Main +65.6468 2200 | Fax +65.6273 5535

NTUC INCOME

MOTOR CLAIMS DEPARTMENT

75 BRAS BASAH ROAD

NTUC INCOME CENTRE

SINGAPORE 189557

ATTN TO: MOTOR CLAIMS DEPT

ESTIMATES

VEHICLE NO. : GY8801M

CHASSIS NO : KPADA1EESJP329708

MAKE / MODEL : SSANGYONG ACTYON SPORTS 2.2D 6AT 2WD ABS E6

DATE OF ACCIDENT : 30.09.2019 @ 0630HRS

YOUR INSURED VEHICLE NUMBER : SKQ8849X

LABOUR CHARGES

1	TO KNOCK AND REPAIRS FRONT BUMPER AND FRONT FENDER LH	\$	400 900.00
2	PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER) <i>incl 1 Bux</i>	\$	900.00✓
3	TO APPLY ANTI RUST TREATMENT ON THE REPLACED AND REPAIRED PANELS	\$	200.00X
4	TO CARRY OUT DIAGNOSTIC TEST	\$	400.00X
TOTAL LABOUR		\$	2,400.00
GST 7%		\$	168.00
GRAND TOTAL		\$	2,568.00

*with April Steve (CLKK) 8322 8813**P/P**Steve chin@1kkauti.com**Ry AL spy**2 days**15/10/19, 11.39am***LABOUR PER DAY - \$400****SPRAY PAINT PER PORTION - \$450***1300*

Prepared By :-

ANNIE TEW

Motor Claims

TEL: 6571 9642 FAX: 6278 5535

EMAIL: ainee@motorway.com.sg

closed Finalize \$1399, 2 days

**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/INC19018168/Etf3n2

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

Date: 22-10-2019



ATTN: CHARLOTTE

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKQ 8849X	Veh. Inspected	GY 8801M
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1064715-002	Excess (\$)	0.00
Assign From	THERESA VIMALA	Assign Date	15/10/2019

2. Vehicle Particulars & Condition

Make & Model	SSANGYONG ACTYON	c.c	2157
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KPADA1EESJP329708	Colour	WHITE
Odometer	4048 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/75 R16	KUMHO	5 mm
L/H Front Tyre	225/75 R16	KUMHO	5 mm
R/H Rear Tyre	225/75 R16	KUMHO	5 mm
L/H Rear Tyre	225/75 R16	KUMHO	5 mm

4. Description of Damages

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

5. General Information

Accident Date	30/09/2019	Inspect Date / Time	15/10/2019 (11:27 AM)
Survey held at	MOTORWAY CAR CARE CENTRE PTE LTD 1094 LOWER DELTA ROAD MOTORWAY BUILDING . SINGAPORE 169205		

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
-------------------------------------	----------------



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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GY 8801M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO KNOCK AND REPAIRS FRONT BUMPER AND FRONT FENDER LH.		900.00	400.00
	PUTTY AND SPRAY PAINT ALL AFFECTED AREAS (INNER/OUTER).		900.00	900.00
	TO APPLY ANTI RUST TREATMENT ON THE REPLACED AND REPAIRED PANELS.	NOT NECESSARY	200.00	-
	TO CARRY OUT DIAGNOSTIC TEST.	NOT NECESSARY	400.00	-
			2,400.00	1,300.00
	GRAND TOTAL		2,400.00	1,300.00
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,300.00

Report Ref No. CS/INC19018168/Etf3n2

CHEN TSUE YEE

Automotive Assessor

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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