NSIINC 1902062/ Fufser

# ASSIGNMENT

From Date	Veli No SMC 2598T 11 Regn 13/12 12018				
Estimated Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover /				
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No	Make: Toyota Prius (54) ac 1798				
at Workshop m/s	Colour 6/02 A/G: Insured / Std / NI / NA				
ol	Sp.Reading /62687 T/Radio: Insured / Std / NI / NA				
Insured SLK 1839R	Eng/No: -				
Policy No.	C/No: JTDKB3FU303077698+				
Claims No. mT 1075564 -002	Gen. Cond Good PFair / Poor / Burnt				
Sum insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: (Inorder / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil (S/Rim ()STD A/Rim or				
1000	Tyre Size: F: 115/65 R15				
(Delley Candition)	R:				
(Policy Condition)  Remark: The yeh had commenced its  N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYOTYOKO OF DAVANTI				
Bal. or Market Value:	Front Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mm				
GIA / PR Seen. Consistent? : Yes or No	L/Bal. 6 mm L/Bal. mm				
Est. Repairs. days Res.: Yes or No	D.O.A. 11/12/19 D.O.I. 12/12/19				
Lum Sum: % 3 Val.: Yes or No	Survey held at comfortdel gro (Loyans)				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT	OS ver e via				
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction  VO Policy					
SHC 25987 - NS/NC17024525/ KINGA	2 D.OA - 21/12/24 (PIP)				
SLX 16:41R - X					
P/P: \$ 1696.82 /= with	2 repair days (Red 858.03 33/9				
	,				
confirm on 30/12/19 wi	th chiang-				
p	ECEIVED 0 2 JAN 2020				
Dale/Time: File Pass to? : Prell. Report	Days Of Repair:				
: Final Report	Resurvey No. of Trip: \ Survey Fee 160				
Executive File Return 107	Transportation				
ol tepist and Fee	200				
	: Interview (\$ ) Motos				
Pepart Former IP	Tech how the control				
P/P \$1696.82	CMestern S				
	160				

TP Claims against NTUC Income: Follow-Through Survey

Date: 31/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1075788-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8084U	SHC6228K	14/12/2019	\$4.366.00
2	MT/1075792-002	COMFORTDELGRO ENGINEERING PTE LTD	SH6184X	FBH2812U	14/12/2019	\$1.837.15
3	MT/1076043-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC8437K	FBD7783H	14/12/2019	\$4.762.04
4	MT/1076556-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA3897J	PC2602U	18/12/2019	\$4,438.18
2	MT/1076543-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC3149A	SHD1402B	20/12/2019	\$5,189.00
9	MT/1078050-001	COMFORTDELGRO ENGINEERING PTE LTD	SHC1158L	SMP5854G	13/12/2019	\$2,487.55
7	MT/1075564-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC2598T	SLK1839R	11/12/2019	\$2,554.85
00	MT/1076964-002	CITYCAB PTE LTD	SHB3268U	SJR8984E	21/12/2019	\$6.096.10
6	MT/1078051-001	CITYCAB PTE LTD	SHC7563K	GBH2718J	21/12/2019	\$1.815.06
10	MT/1076710-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SGE3956M	20/12/2019	\$2,169.06
11	MT/1076220-002	COMFORTDELGRO ENGINEERING PTE LTD	SHD3025T	SLX9236J	16/12/2019	\$2,532.48
				TOTAL CONTROL OF		

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

UTO)
V (130bhp)
stered upon COE exp:ry or when the
gi

The information contained herein is correct as at 16 Dec 2019

#### 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 witholding 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.

<b>有关的基础,这种实验的</b>	ACCIDENT STATEMENT			
Date Of Report	11/12/2019 14:27			
Date Of Accident 11/12/2019 10:15				
Exact Location Of Accident	MAXWELL RD TWDS MCE X ROBINSON ROAD /ANSON RD			
Country/State of Loss	SINGAPORE			

	00
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC2598T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Rea No	199303821R

Email Address	FLEETSAFETY@CDGTAXI.COM.SG
THE SA DISPLACE OF THE PROPERTY OF THE SAME OF THE SAM	

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 QUAK CHEN TEE(GUO ZHENGZHI)

 NRIC No
 S7539549C

 Date Of Birth
 31/12/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/09/1994

Driving Experience 25 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91813127

Fax Number

Contact Number

EMail Address J\_QUAK@HOTMAIL.COM

BLK 596D ANG MO KIO STREET 52 Address

#26-309

Postcode 564596

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions RAINING

Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

WET

2

NO

NO

YES

NO

2

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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 Vehicle Make/Model/Colour

SLK1839R **MERCEDES** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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.
- 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.
- 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.
- 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.
- 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:
  - 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: 1

DE 12019

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: Loke Vvai Yieng

GIARIAC SketchPlasTurn, V2

1: 1

Comil

SKETCH PLAN	TOWARDS	MCE	MAXWELL	ROAD
A= SHC B= SI	2598T -K 1839F ROBINSON			AXA TOWER ANSON ROAD
DESCRIBE CIRCUMS	STANCES OF THE ACC		B	
(A) I the Vehi	cle (B) was my lane vehicles rward slo	on my in front why and	of me clea was hit b	red. I move y vehicle B.
ECLARATION We declare the forego licyholder's Signature tte & Time:	Driver's (If drive Date &	s Signature er is not the policyhol Time: III DEC	der) Nan	norting Centre Personnel's Signature ne: C/FIN No.: Loke Vvei Yieng

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

### ComfortDelGro Engineering Pte Ltd

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

59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senciro Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 76873

Date/Time 12.12.2019 12:00 Page: 1

JOB CARD ARC Repair TP(CLSO)1 Team: Sales Order: JC NO.: 305366572 REGN NO.: SHC2598T TOMER MILEAGE COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 TOYOTA TOMER NO. 383 SIN MING DRIVE E.....1/2..... DATE/TIME IN 2.12.2019 10:15 MODEL Singapore SINGAPORE 575717 PRIUS HYBRID (G4)1 65508755 YR OF MANU, 13.12.2018 (O) TARGET DATE (P) CHASSIS CODE JTDKB3FU303077698 COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.12.2019

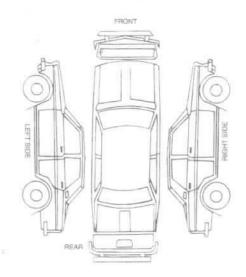
NATURE: 3P 11.12.2019

S/NO

COUNT CARD NO.

LABOR CODE

DESCRIPTION



CKED & F	PASSED OUT BY:			
71.20 0,1	A00LD 001 B1.			
	SERVICE ADVISOR			CUSTOMER'S SIGNATURE
ledgeme	ent Slip		Exit Pass	
No.:	SHC2598T	CHIANG	Vehicle No.: SHC2598T	
f Service	Advisor	Signature/Date	Name of Service Advisor	Date
iturned to Service Reception upon collection		To be kept by Security Guard		

# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHC 2598T

MAKE

MODEL: TOYOTA PRIUS

12/12/2019 10:50

 : TOYOTA PRIUS					_
PARTS DESCRIPTION	QTY	UNIT PRICE	1	AMOUNT	
REAR BUMPER	_		\$	458.60	1
REAR BUMPER UNDER COVER			\$	552.60	
REAR BUMPER SIDE RETAINER XVVV	400		\$	112.70	
REAR BUMPER CLIPS	Xnn		\$	22.00	
TAIL LAMP ASSY (UPPER) (RH)	-7		\$	557.90	
TAIL LAMP ASSY (LOWER) (RH) XM			\$	548.40	
			1		
SUI	B TOTAL		\$	2,252.20	1
10-00 Control of the	ESS 25%		\$	563.05	
DISCOUNTE			\$	1,689.15	
Dioconte	D TOTAL				
			\$1	193.32	
REAR BUMPER REVERSE SENSOR	1		\$	135.70	NETT
The state of the s	1			\$100 (700 mile)	
	KK Auto Consultants	hence notify	11		
the state of the s	ne Renairer of the foll	lowing:	Ш		
	To resurvey before/after s To display damaged part(	gray painting	11		
	Parts prices are subject to	confirmation	1		
	Third party survey is on a	"Without Prejudice" basis	1		
	No illegal modification(s) Supplementary item(s) m	et he resurveyed and	1		
LABOUR CHARGE	is subject to final approva	from Insurance Company			
Emily Control State (a) A 149 Control Action (Control Action (	Acknowledged by Repaire		۱,	350.00	\$2
	Signature:		\$		-
opray rainting charge	Date:		\$	250.00	
Wiring Charge  Remove/Refix Reverse Sensor		b	\$	50.00	XUL
***		\$30	\$	80.00	
	LABOUR		\$	730.00	
Ram (LKK) IGPH ESTIMATION IN 12/12/19 1360mg  Parastron ALKK auto Com  88602718 270min days  Rays by Par	F TOTAL		_	0.554.05	
som (LKK) UGh / ESTIMATI	ETOTAL		\$	2,554.85	
1360mg		×			
17/17/19	OBJE CO.	100			15
@IKKOW ders	UF R				
ES622118 Debut and but by Par					
55 (2018) They 16 lax	X				
STOPPE TO THE PROPERTY DAY		1			l
201-21					l

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.

**COMFORTDELGRO** 

ENGINEERING 305366572 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 13/12/19 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK To Fax: PARAM Attn SHC2598T 11/12/19 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-Z The repair job shall bill to: NTUC **SLK1839R** 2. The finalized amount shall be: (a) Spare Parts after List discount (b) Labour Charges \$520.00 \$1,696,82 Total for Part-By-Part Repair Cost 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 Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature: Signature Ram CHIANG Name Name 62148314 Tel Date Fax : 65468156 For Official Use Only

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

Remarks:	r.	
-		

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.12.2019 Time: 10:23:02

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305366572

REGN NO MILEAGE

: SHC2598T : 0000000000

MAKE

MODEL

: TOYOTA

DATE OF REGN

: PRIUS HYBRID(G4) : 13.12.2018

DATE/TIME IN

: 12.12.2019 10:15

ACCIDENT DATE : 11.12.2019

JOB / PARTS DESCRIPTION

OTY 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 04-01-0302-0585-A PRIG4 LENS & BODY RR COMB 1 557.90 25.00 418.42 CM

0003 04-01-0302-2282-G PRIG4 COVER REAR BUMPER 1 458.60 25.00 343.95 ( PC

SUB-TOTAL : 1,176.82

JOB NATURE

0000 PB

PANEL BEATING

320.00

0001 SP

SPRAYPAINT CHARGE

200.00

- 36

SUB-TOTAL: 520.00

AUTHORISED: YES / NO

TOTAL : 1,696.82

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





NTL	NTUC INCOME INSURANCE CO-OPERATIVE LTD			NS/INC19022062/Fvf3e2		
#05-	73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			07-01-2020 INC4		
1.	Arthropia Blass	Policy Particulars	Code:	A2-21-2-10	a Charles I have been	
	Insured Veh.	SLK 1839R	_	nspected	SHC 2598T	
	Policy No.		-	age (\$)	0.00	
	Claim No.	MT/1075564-002	Exces	s (\$)	0.00	
	Assign From		Assign Date		12/12/2019	
2.		Vehicle Partie	culars 8	& Condition		
	Make & Model	TOYOTA PRIUS	c.c		1798	
	Engine No.	HIDDEN	Year o	of Reg.	2018	
	Chassis No.	JTDKB3FU303077698	Colou	r	BLUE	
	Odometer	162687	Steering		IN ORDER	
	Brakes	IN ORDER	Modification		SPORTS RIM	
	General	GOOD				
3.		Conditi	ons of	Tyres	Company of the second	
		Size	Make		Balance	
	R/H Front Tyre	195/65 R15	DAVAN	ITI	6 mm	
	L/H Front Tyre	195/65 R15	DAVAN	ITI	6 mm	
	R/H Rear Tyre	195/65 R15	DAVAN	ITI	7 mm	
	L/H Rear Tyre	195/65 R15	DAVAN	ITI	7 mm	
4.		Description				
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	S REAR A	AND REAR PORTIC	DN.	
254 115	DAMAGES SEE D					
5.		Genera	_			
	Accident Date	11/12/2019		tion Date	12/12/2019	
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD  59 LOYANG DRIVE SINGAPORE 508969					
5a.	The Resident	R	emarks			
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W				
5b.		Estimate				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days		



## **National Assessment Centre Services**

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







#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2598T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER UNDER COVER	сит	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	:-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	
1	TAIL LAMP ASSY (UPPER) (RH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (RH)	NOT NECESSARY	548.40	
	LESS 25% DISCOUNT		-563.05	-392.28
			1,689.15	1,176.82
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
		100 A	135.70	
	LABOUR			
	PANEL BEATING.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			730.00	520.00
	GRAND TOTAL		2,554.85	1,696.82

RECOMMENDED COST OF REPAIRS (CONFIRMED)	1.696.82

Report Ref No. NS/INC19022062/Fvf3e2

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.