

REG. REC. BY: Ram

REF: NS/IN(19022539/Fsf302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGE 3956M

Policy No. 50984/6469-01 (16/03/2019-15/03/2020)

Claims No. MT/1076710-02

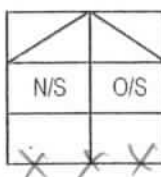
Sum Insured: _____ Excess: _____

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 3025T Yr Regn: 03/12 / 2015

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

Truck / Trailer or

Make: Hyundai i40 C.C 1685

Colour: blue A/C: Insured / Std / NI / NA

Sp. Reading: 624091 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLBALUMGU080978

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: F: 205/60 R14

R: _____

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

TOYO / YOKO or HANKOOK

Front Rear

R/Bal. 76 mm R/Bal. 6 mm

L/Bal. 76 mm L/Bal. 6 mm

D.O.A. 20/12/19 D.O.I. 23/12/19

Survey held at Comfortdelgro (Lorong)

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

rear

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

Date / Time	Action / Instruction
	SHD 3025T - NS/IN(19022539/Fsf3 DCA-16/12/2019
	SGE 3956M -
	RECEIVED 02 JAN 2020
	L/S: \$ 850/- with 2 repair days
	confirm on 30/12/19 with change.
	C \$ 1,319.06 Red - 61%

Date/Time, File Pass to?

02/01/20

☐ : Preli. Report

☒ : Final Report

1) Typist

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (+\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.B.E. \$ 850/- L/S

160

160

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="20/12/2019 09:16"/>
Vehicle No.(For Motor)	<input type="text" value="SGE3956M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098416459-01		OONG SWEE ENG	S7436647C	GCV	Comprehensive	SGE3956M	SGE3956M	16/03/2019	15/03/2020

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305368854

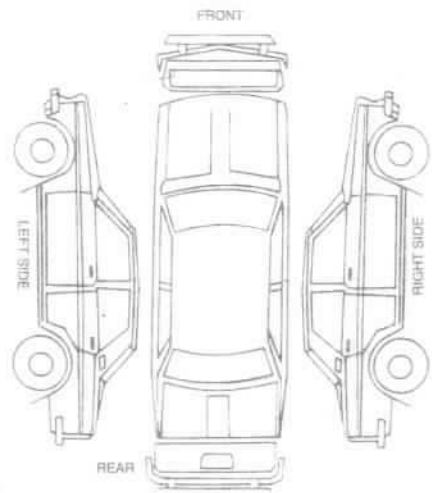
OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
UNT CARD NO.

REGN NO.: SHD3025T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 21.12.2019 10:35
YR OF MANU. 03.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080978	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.12.2019
NATURE: 3P 20.12.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

dgement Slip

Exit Pass

Vehicle No.: SHD3025T CHIANG

Vehicle No.: SHD3025T

Service Advisor Signature/Date

Name of Service Advisor Date

med to Service Reception upon collection

To be kept by Security Guard

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	FBH7783H	14/12/2019	\$4,762.04
4	MT/1076556-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA3897J	PC2602U	18/12/2019	\$4,438.18
5	MT/1076543-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC3149A	SHD1402B	20/12/2019	\$5,189.00
6	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
8	MT/1076964-002	CITYCAB PTE LTD	SHB3268U	SJR8984E	21/12/2019	\$6,096.10
9	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

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	21/12/2019 10:59
Date Of Accident	20/12/2019 14:20
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3025T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	ONG SIEW FOO
NRIC No	SXXXX862B
Date Of Birth	13/12/1945
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84381389
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 85 CIRCUIT RD #04-1013
Postcode	370085
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)	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

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	SGE3956M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OONG SWEE ENG
NRIC/Passport Number	SXXXX647C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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.

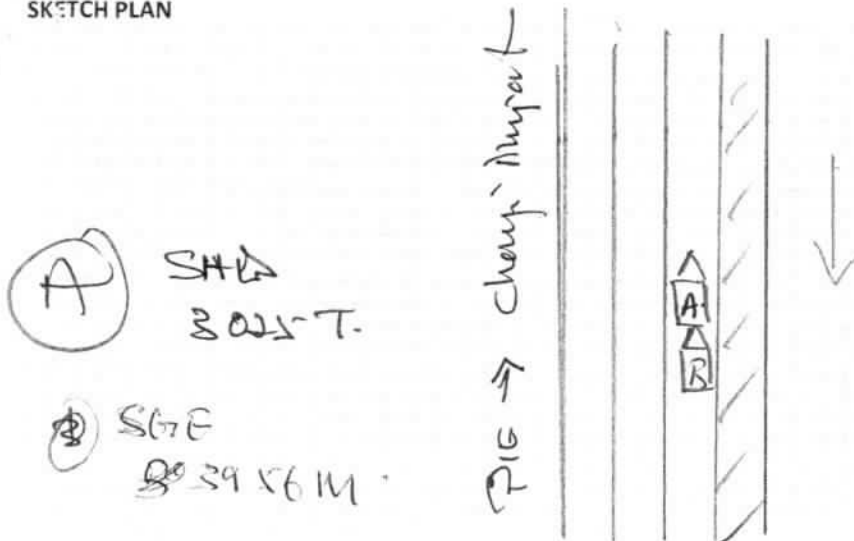
DECLARATION OF ACCIDENT INFORMATION
FOR POLICE AND INSURANCE USE ONLY

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

on 20 Dec 2019 @ 1420 hr

I - veh (A) was driving along the above location straight. ~~See~~ vehicle in front E. brake I - veh (A) also slow down and about to stop suddenly veh (B) from the rear hit - veh (A) Rear. @ the point of accident veh (A) NO PARK.

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.:



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3025T

DATE 23/12/2019 9:44

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>cut</i>			\$ 553.00
	Rear Bumper Reinforcement <i>1xnn</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>1xnn</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>hec</i>			\$ 22.00
	Rear Bumper Bracket <i>xnn</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>1xnn</i>			\$ 103.50
	Rear Bumper Under Cover <i>1xnn</i>			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
				<i>460</i>
	Rear Bumper Reverse Sensor <i>2xnn</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>hec</i>			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 2,169.06
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.				

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:

26/12/19
Ram(LKK)1320
23/12/19
Parasurama@lkkauto.com
886227781P
2nd hand S
(L/S) 2ft
refrwr
photo

Nett

Nett

\$280

\$200

\$50

\$50

Our Job Ref No : 305368854

Date : 27/12/19

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHD3025T

20/12/2019

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

Z The repair job shall bill to: NTUC SGE3956M

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:

Final Lumpsum Repair cost

\$850.00

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Ram

Date : 30/12/19

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305368854
 REGN NO : SHD3025T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 03.12.2015
 DATE/TIME IN : 21.12.2019 10:35
 ACCIDENT DATE : 20.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	0.00	0.00	0.00	cut
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	0.00	0.00	0.00	nee
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	0.00	0.00	0.00	nee

SUB-TOTAL : 0.00

JOB NATURE

0000 PB PANEL BEATING

panel Beating \$280 850.00
 spray paint \$200
 wiring \$30
 Remove/refix sensor \$50

SUB-TOTAL : 850.00

TOTAL : 850.00

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

L/S: \$850/-

**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/INC19022539/Fsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-01-2020	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGE 3956M	Veh. Inspected	SHD 3025T	
Policy No.	5098416459-01	Coverage (\$)	0.00	
Claim No.	MT/1076710-002	Excess (\$)	0.00	
Assign From		Assign Date	23/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU080978	Colour	BLUE	
Odometer	624091	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	6 mm	
L/H Front Tyre	205/60 R16	HANKOOK	6 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	20/12/2019	Inspection Date	23/12/2019	
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 3025T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CUT	553.00	553.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	NOT NECESSARY	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	NOT NECESSARY	71.20	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER UNDER COVER	NOT NECESSARY	228.00	-
	LESS 20% DISCOUNT		-313.34	-115.00
			1,253.36	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
			730.00	560.00
GRAND TOTAL			2,169.06	1,070.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				850.00

Report Ref No. NS/INC19022539/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

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