

ASS. REQ. BY:

REF:

NS/1A(2000)574/Fy-f3n2

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:

SHD 1242

Policy No.

MT/1083582-002

Claims No.

Sum Insured:

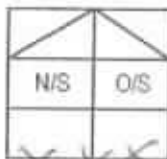
Excess:

(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:

SHA 7884U

Veh Regn:

16/07/2015

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

Truck / Trailer or

Make:

Hyundai i40

cc 1685

Colour:

Hue

A/C:

Insured / Std / NI / NA

Sp. Reading

269855

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41U7GUD75376

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 / 165 R16

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

09/02/2020

D.O.I.

11/02/2020

Survey held at

comfort delgro (loyang)

Des. of Damages: Frt

Rear

Q/S

N/S

U/C

Rooftop or

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

Date / Time

Action / Instruction

SHA 7884U - CS/TM/13000609/Evt3n2 Rep-13/11/2017

SHD 1242 - NA / IN/1107491/WI D.O.A - 06/11/2017

No Policy

RECEIVED 24 FEB 2020

U/S \$530/- with 3 superdays

confirmation 17/02/2020 with LKE

(Red \$1923-17, 78%)

17/2/2020

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

19/2/20 Typist

Days Of Repair:

3

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Weekend (\$

Survey Fee:

Transportation:

3 + RS \$

Folio:

Other:

TOTAL

160

Report Format:

ump 2m

/ L.R.J: (\$

\$530/-

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	1083582-002	COMFORT TRANSPORTATION PTE LTD	SHA 7884U	SHD 1224Z	09/02/2020	16:20	\$ 2,453.17
2	1084963-002	COMFORT TRANSPORTATION PTE LTD	SHA 6962J	SGD 3686Y	17/02/2020	19:55	\$ 1,529.72
3	1084696-002	COMFORT TRANSPORTATION PTE LTD	SHA 7706B	SKG 3465E	16/02/2020	11:25	\$ 2,245.56
4	1084759-002	CITYCAB PTE LTD	SHC 526P	GBC 5665J	16/02/2020	18:25	\$ 3,325.76
5	1084707-002	COMFORT TRANSPORTATION PTE LTD	SHA 5220Z	YP 4993C	14/2/2020	15:35	\$ 7,430.02
6	1084878-002	COMFORT TRANSPORTATION PTE LTD	SHD 3261C	SMG 5846C	17/2/2020	15:15	\$ 1,494.53

Date/Time: 10.02.2020 15:48

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305380345

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

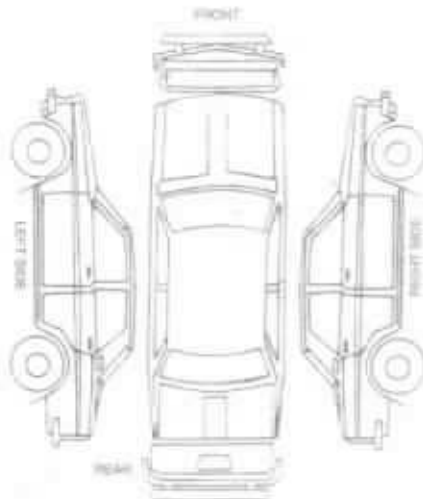
REGN NO:	SHA7884U	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL:	I-40	DATE/TIME IN
YR OF MANU:	16.07.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU075376	COMPLETION DATE/TIME

UNIT CARD NO:

JOB DESCRIPTION

Accident Date: 09.02.2020
NATURE: 3P 09.02.2020

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA7884U

LKE

Vehicle No: SHA7884U

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	10/02/2020 14:42
Date Of Accident	09/02/2020 16:20
Exact Location Of Accident	KJE TWDS EXIT E CHUA CHU KANG WAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7884U
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	SAIFUDIN BIN SAHAT
NRIC No	SXXXX512B
Date Of Birth	28/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1998
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84051007
Fax Number	
Contact Number	
Email Address	DINBOROK@HOTMAIL.COM

Address	BLK 348 UBI AVENUE 1 #02-1051
Postcode	400348
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - 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 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	SHD1224Z
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT

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.

CHARTERED POLICE OFFICER (CPO) / CHARTERED POLICE OFFICER (CPO)

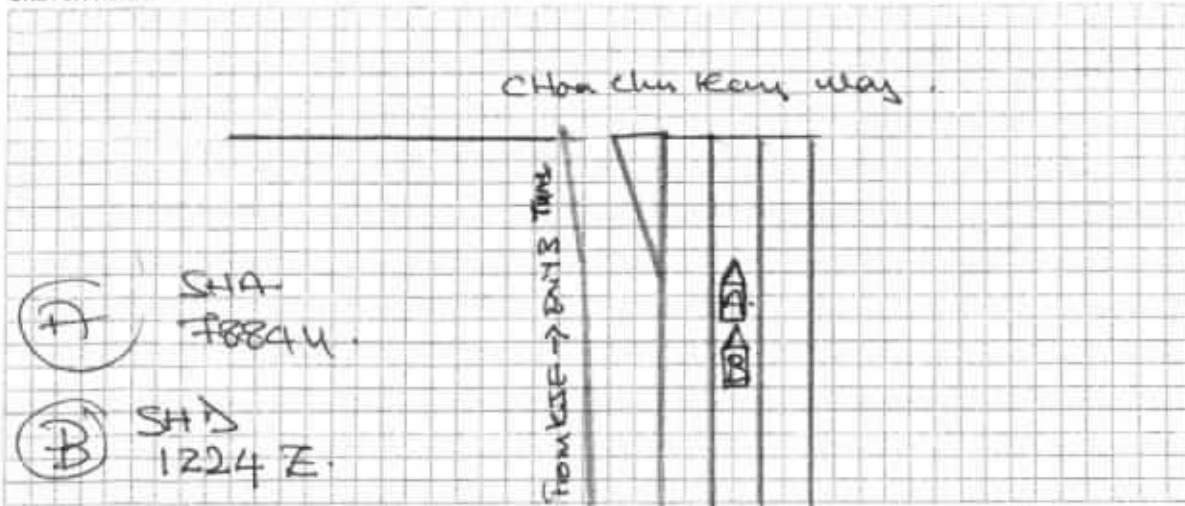
Policyholder's Signature
Date & Time:

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

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

L. Man 19/2/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 9 Feb 2020 @ 1620 Hrs J. VEH A

Slow down at stop. Few seconds later.

VEH (B) from the Rear hit VEH (A)

Rear. @ the point of accident.

VEH (A) from 2 PM, not injured.

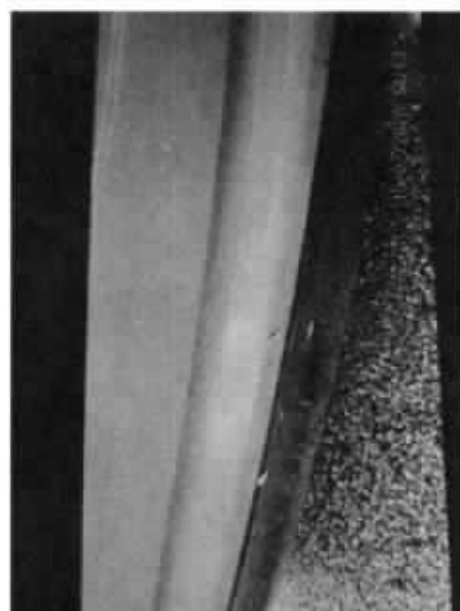
DECLARATION

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:



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

JOB NO : 305380345
 REGN NO : SHA7884U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 16.07.2015
 DATE/TIME IN : 10.02.2020 13:45
 ACCIDENT DATE : 09.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	442.40	x(R)
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	xnn
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	182.40	xnn
0004 04-01-0103-0852-G	I40VC REFLECTOR/REFLEX AS	1 L	30.60	20.00	24.48	xnn
0005 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00	50.00	xnn
0006 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	xnn
0007 02-01-0103-0054-G	I40VC MUFFLER ASSY-RH	1 L	967.70	20.00	774.16	xnn

SUB-TOTAL : 1,613.17

JOB NATURE

0000 L	PANEL BEATING	350.00	\$280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	\$200
0002 20-22	REMOVE/REFIX REVERSE SENSOR	120.00	\$50 \$60
0003 20-06	REMOVE/REFIX EXHAUST PIPE TO ASST REP	120.00	

☐ In Consultants hence notify
 please in the following:
 • Notify after spray painting
 • Notify damaged part(s) during resurvey
 • Parts check are subject to confirmation
 • The survey is on a "Without Prejudice" basis
 • The legal jurisdiction is on the road
 • All claims must be submitted and
 issued within 30 days of the accident date

Acknowledged by Receiver
 Signature:
 Date:

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

JOB NO : 305380345
REGN NO : SHA7884U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 16.07.2015
DATE/TIME IN : 10.02.2020 13:4
ACCIDENT DATE : 09.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 840.00

TOTAL : 2,453.17

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

yidon sonen at

10/02/2020

17:29:31

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

JOB NO : 305380345
 REGN NO : SHA7884U
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 16.07.2015
 DATE/TIME IN : 10.02.2020 13:45
 ACCIDENT DATE : 09.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	442.40	X(R)
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	X227
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00	20.00	182.40	X227
0004	04-01-0103-0852-G	I40VC REFLECTOR/REFLEX AS	1 L	30.60	20.00	24.48	X227
0005	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00	50.00	X227
0006	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	7
0007	02-01-0103-0054-G	I40VC MUFFLER ASSY-RH	1 L	967.70	20.00	774.16	7

SUB-TOTAL : 1,613.17

JOB NATURE

0000 L	PANEL BEATING	350.00	\$280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	\$200
0002 20-22	REMOVE/REFIX REVERSE SENSOR	120.00	\$50
0003 20-06	REMOVE/REFIX EXHAUST PIPE TO ASST REP	120.00	+

Ram (11/2/2020) 1520
 Parv Suram (a) 11/02/2020
 88622178
 \$530 (11/2) 3 repair days
 all repair photo

Our Job Ref No 305380345

Date : 15.02.20

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHA7884U CTPL

09.02.20

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

1. The repair job shall bill to: NTUC SHD1224Z

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:

20%

Final Lumpsum Repair cost

\$530.00

3. Estimated normal period for repairs: 3 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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : ERM

Date : 17/02/2020

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		NO		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

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/INC20002574/Fyf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 26-02-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1224Z	Veh. Inspected	SHA 7884U
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1083582-002	Excess (\$)	0.00
Assign From		Assign Date	11/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075376	Colour	BLUE
Odometer	269855	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	WEST LAKE	7 mm
L/H Front Tyre	205/65 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/65 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/65 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	09/02/2020	Inspection Date	11/02/2020
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:	3 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. SHA 7884U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40VC COVER ASSY-RR BUMPE	TO REPAIR SEE LABOUR	553.00	-
10	HYUNDAI BUMPER COVER CLIP	NOT NECESSARY	22.00	-
1	I40VC COVER-RR BUMPER LWR	NOT NECESSARY	228.00	-
1	I40VC REFLECTOR/REFLEX AS	NOT NECESSARY	30.60	-
1	I40VC MUFFLER ASSY-RH	NOT NECESSARY	967.70	-
	LESS 20% DISCOUNT		-360.26	-
			1,441.04	-
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	I40VC PROTECTOR MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF I40VC COVER ASSY-RR BUMPE.		350.00	280.00
	SPRAYPAINT ON AFFECTED AREA.		250.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	60.00
	REMOVE/REFIX EXHAUST PIPE TO ASST REP.		120.00	120.00
			840.00	660.00
GRAND TOTAL			2,453.17	660.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				530.00

Report Ref No. NS/INC20002574/Fyf3n2

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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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.