

ASS. REC. BY:

REF: CS/LPC20003858/KYD3

Special Instruction:

Survey: KMNH

ASSIGNMENT (Office)

From (Person): Ong Lih

of LPC

Date/Time: 11/3/2020 @ 9:13am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLQ 5834 X

Insured: QBB 6823 T

at Workshop m/s Lian Her Motors

Tel: 9108 2728

of Blk 5038 Amk Ind. Ind. Park 2 #01-405

Policy No: _____

Claim No: 19/20/20/VCOS/023172

Sum Insured: _____

Excess: _____

Make of Veh:
(Client's Record)

D.O.A. 07/03/2020

CA / REV / REP. / REV 24 HRS

lup?

H.O.D. Endorsement: _____

Date/Time: 11:47am @ 11/3/2020

Person Contacted: _____

Anthony

Vehicle-IN OUT

Date/Time	Action/Instruction
	Tolmyle ✓
	SLQ 5834 X
	QBB 6823 T-X

ASS. REC. BY:

REF: LPC/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop n/s LH

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.

N/S	O/S

Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLQ 5834X Yr Regn: 07 17

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

Truck / Trailer or _____

Make: Honda Verel c.c. 1496

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 318851 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU3 . 1248277

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 7/3/20 D.O.I. 16/3/2020

Survey held at _____

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

O/S FR

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

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>
<u>20/3</u>	<u>US \$2450/- (Red \$1937-60, 49%)</u>

RECEIVED 20 MAR 2020

Date/Time, File Pass to?

: Prel. Report

1)

: Final Report

Date/Time, File Return to?

2) 20/3/20 Typist

Days Of Repair: 3

Resurvey No. of Trlp: 2

Survey Fee:

Add Fee: : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

S - RS, SI

Fuel

Others

TOTAL

250

Report Format:

Lump Sum / I.B.I.: (\$ \$2450/-)

Nivitha (LKK Auto)

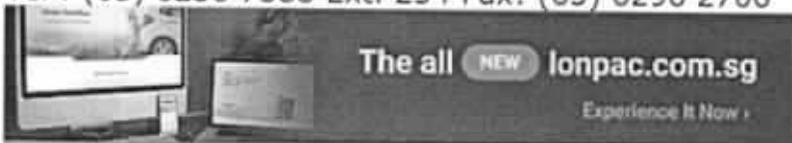
From: ONG LI LI <llong@lonpac.com>
Sent: Wednesday, 11 March 2020 9:13 AM
To: assignments@lkkauto.com; Admin-D (LKKAuto)
Cc: MT_Claim_SG
Subject: RE: Pre Repair Survey for SLQ 5834 X (Your Ref: GBB 6823 T Our Ref: TKSF/L1500-ACC-43330.20/sf) Our Ref: 19/20/20/VC05/023172 [External General]
Attachments: 20200310145324894.pdf; SAS2761303.PDF

Lonpac External - General

Dear Nivitha

Attached are the third party document and our Insured's GIA report for your handling.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse
Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: ONG LI LI
Sent: Wednesday, 11 March 2020 9:02 AM
To: Janice Kee <janice.kee@ksteopr.com>; assignments@lkkauto.com; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: MT_Claim_SG <mt_claim@lonpac.com>; Anthony Cheong <cheonganthony@yahoo.com.sg>
Subject: RE: Pre Repair Survey for SLQ 5834 X (Your Ref: GBB 6823 T Our Ref: TKSF/L1500-ACC-43330.20/sf) Our Ref: 19/20/20/VC05/023172 [External General]

Lonpac External - General

Without Prejudice
Save as to Costs

Dear Janice

Thank you for confirming the appointment of a Single Joint Expert.

Dear Nivitha

Please arrange Mohammed Rasul to conduct TP survey.

Thank you.

Regards,
Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse
Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



Lonpac External - General data is for internal / external use.

From: Janice Kee [mailto:janice.kee@ksteoptr.com]

Sent: Tuesday, 10 March 2020 5:25 PM

To: ONG LI LI <llong@lonpac.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>; Anthony Cheong <cheonganthony@yahoo.com.sg>

Subject: Re: Pre Repair Survey for SLQ 5834 X (Your Ref: GBB 6823 T Our Ref: TKSF/L1500-ACC-43330.20/sf) Our Ref: 19/20/20/VC05/023172 [External General]

Dear Sir

Our client has agreed to the usage of Mr Mohammed Rasul as the Single Joint Expert to conduct the Pre-Repair Survey.

Kindly proceed to engage Mr Mohammed Rasul to perform the said Pre-Repair Survey in accordance to the NIMA Protocol.

Thank you.

Regards,
Janice Kee
c/o Teo Keng Siang LLC
111 North Bridge Road,
#29-07/08 Peninsula Plaza,
Singapore 179098
Tel: 6333 4222 Fax: 6333 5676

On Tue, Mar 10, 2020 at 3:02 PM ONG LI LI <llong@lonpac.com> wrote:

Teo Keng Siang LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098
ROC: 201510228C GST Reg No.: 201510228C

Tel: 6333 4222 Fax: 6333 5676 / 5688

Email: KSTEOCO@singnet.com.sg

(FAX - NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/L1500-ACC-43330.20/sf (mc)
Your Ref : GBB 6823 T
Date : 10 March 2020

Secretary in charge: Janice

Tel : 6333 4222 (ext 60)

Fax : 6333 5676 / 6333 5688

Email : janice.kee@ksteoptr.com

To: Lonpac Insurance Bhd
300 Beach Road
#17-04/07 The Concourse
Singapore 199555
Attn: Motor Claims Dept

WITHOUT PREJUDICE

BY PDX #8192 & BY FAX 6296 2706

Cc: Wah Mee Silk Screen (Owner)
Blk 1014 Geylang East Avenue 3
#07-202
Singapore 389729

BY POST



010808928217

FROM TEO KENG SIANG LLC

PDX Box No. 8902

Dear Sirs

RE: ACCIDENT INVOLVING SLQ 5834 X / GBB 6823 T ON 7/3/20 ALONG TAMPINES AVE 10

We are instructed by H L Car Rental Pte Ltd to notify you of a road traffic accident on 7/3/20 at about 18:50 hours at ALONG TAMPINES AVE 10 involving our client's vehicle registration number SLQ 5834 X and vehicle registration number GBB 6823 T driven by you at the material time. A copy of our client's Singapore accident statement is enclosed. Kindly let us have a copy your Singapore accident statement report on an urgent basis.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please note that our client's motor vehicle SLQ 5834 X is now at the following workshop:-

Lian Her Motors
Blk 5038 Ang Mo Kio Industrial Park 2
#01-405
Singapore 569541
Contact: 9108 2728 Anthony

Yours faithfully,


M/s Teo Keng Siang LLC
encs

**Survey was conducted by:-

Name of Surveyor:

Date of Survey:

Time of Survey:

Signature

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	09/03/2020 12:08
Date Of Accident	07/03/2020 18:50
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5834X
Insured/Policyholder	
Name Of Registered Owner	H L CAR RENTAL PTE LTD
Co Reg No	2XXXXX543E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96602313
Alternative Phone No	OFFICE-96602313

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109155610-000006
Cover Note Number	

Driver

Name of Driver	CHUA AH HWA
NRIC No	SXXXX311G
Date Of Birth	12/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1989
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96602313
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA AH HWA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLQ5834X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Address	BLK 446 BRIGHT HILL DR #05-113
Postcode	570446
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : FEMALE

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

I WAS DRIVING ALONG TAMPINES AVE 10 WHEN CAR B SUDDENLY SWERVED IN. I PROCEED TO JAM BRAKE AND HE BANG INTO MY CAR. I WISH TO STATE I HAVE A RECORDING OF THE WHOLE INCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	KIV, WITH INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6823T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Sketch Plan Pg. 1

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 Insurers) 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.

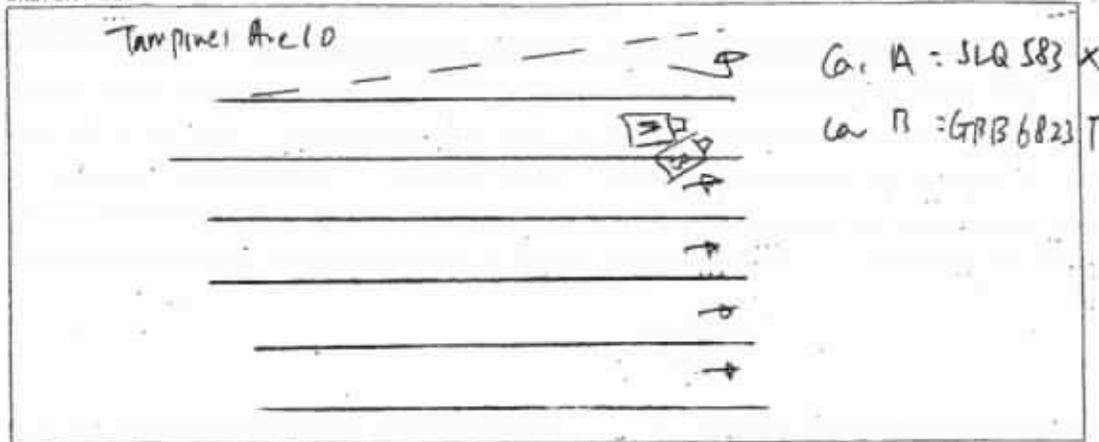
H.I. CAR RENTAL PTE LTD

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Tampines Ave 10, when Car B suddenly swerve in. I proceed to jam brake and he bang into my car. I wish to state i have a recording of the whole incident.

Claim OD/TP at Su Brothers Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
Email address :
myself :
Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

H.L. CAR RENTAL PTE LTD.

Policyholder's Signature
Date & Time: .

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

Reporting Centre Personnel's Signature
Name:
MRC/TIN No.:

Lian Her Motors *Hy*

Massive Trading & Auto

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541
Tel : 64817221

Fax : 64816131

H L Car Rental Pte Ltd
Blk 5038 #01-405
Ang Mo Kio Industrial Pk 2
Singapore 569541

Vehicle No : SLQ 5834 X
Make/Model : Honda Vezel 1.5 X A
Year : 2017

Not Notwork
11 Day & 245dp
Resurvey After Paint
3 days

Qty	Description	Unit Price	Amount
-----	-------------	------------	--------

Estimate Cost Of Repair

1 pc	Front o/s headlamp assy		
1 pc	Front o/s fender		
1 pc	Front o/s fender arch garnish		
1 pc	Front o/s fender innershield		
1 pc	Front bumper <i>580</i>		
1 pc	Front bumper lower garnish <i>195.30</i>		
1 pc	Front o/s bumper side retainer		

<i>mycom</i>	\$1,779.20	✓
<i>R</i>	\$580.70	X
<i>Adl/bur</i>	\$185.60	✓
<i>sun</i>	\$105.70	X
<i>mycom</i>	\$799.40	✓
<i>D-1</i>	\$285.60	✓
<i>D-1</i>	\$48.30	✓
	<u>\$3,784.50</u>	
Less 20 %	\$756.90	
	<u>\$3,027.60</u>	

S Nett

15 pcs	Clip	\$2.00	<i>me</i>	\$30.00	✓
--------	------	--------	-----------	---------	---

Labour Charges

Remove/renew the above parts including knocking, welding & cutting.	\$700.00	<i>300l</i>
Check & reconnect wiring.	\$30.00	<i>20l</i>
To putty and spray paint	\$600.00	<i>500l</i>
Total	<u>\$4,387.60</u>	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before 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: _____



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

Affiliated to Federation Internationale Des Experts En Automobile

LONPAC INSURANCE BHD

Ref : CS/LPC20003858/Kyd3n2

300 BEACH ROAD
#17-04/07 THE CONCOURSESINGAPORE 199555

Date : 27-03-2020



Code : LPC2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 6823T	Veh. Inspected	SLQ 5834X
Policy No.		Coverage (\$)	0.00
Claim No.	19/20/20/VC05/023172	Excess (\$)	0.00
Assign From	ONG LI LI	Assign Date	11/03/2020

2. Vehicle Particulars & Condition

Make & Model	HONDA VEZEL (A)	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	RU31248277	Colour	METALLIC GREY
Odometer	318851	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	YOKOHAMA	7 mm
L/H Front Tyre	215/60 R16	YOKOHAMA	7 mm
R/H Rear Tyre	215/60 R16	YOKOHAMA	7 mm
L/H Rear Tyre	215/60 R16	YOKOHAMA	7 mm

4. Description of Damages

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

5. General Information

Accident Date	07/03/2020	Inspection Date	16/03/2020
Survey held at	LIAN HER MOTORS BLK 5038 ANG MO KIO INDUSTRIAL PARK 2, #01-405 SINGAPORE 569541.		

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



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. SLQ 5834X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT O/S HEADLAMP ASSY	MTG CRACKED	1,779.20	1,779.20
1	FRONT O/S FENDER	TO REPAIR SEE LABOUR	580.70	-
1	FRONT O/S FENDER ARCH GARNISH	DENTED / CUT	185.60	185.60
1	FRONT O/S FENDER INNERSHIELD	SERVICEABLE	105.70	-
1	FRONT BUMPER	MTG CRACKED	799.40	580.00
1	FRONT BUMPER LOWER GARNISH	DISTORTED	285.60	195.30
1	FRONT O/S BUMPER SIDE RETAINER	DISTORTED	48.30	48.30
	LESS 20% DISCOUNT		-756.90	-557.68
			3,027.60	2,230.72
SPECIAL NETT ITEMS				
15	CLIP @\$2.00 (SN)	NECESSARY	30.00	30.00
			30.00	30.00
LABOUR				
	REMOVE/RENEW THE ABOVE PARTS INCLUDING KNOCKING, WELDING & CUTTING. INCLUSIVE OF THE REPAIR OF FRONT O/S FENDER.		700.00	300.00
	CHECK & RECONNECT WIRING.		30.00	20.00
	TO PUTTY & SPRAY PAINT.		600.00	500.00
			1,330.00	820.00
GRAND TOTAL			4,387.60	3,080.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,450.00

Report Ref No. CS/LPC20003858/Kyd3n2

KONG SENG CHEONG

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.