

22/03/2002

ASS. REC. BY:

REF: CS/4018004741/Kqd3⁷²

Special Instruction:

Surveyor: KalvinASSIGNMENT (Office)From (Person): Jenny Lew

of

401Date/Time: 12/3/18 @ 5.30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 3573C

Insured:

YN 4767A

at Workshop m/s

CompuDelgro

Tel:

6214 8314

of

59 Lajang Drive

Policy No:

Claim No:

DHOM 110140801503

Sum Insured:

Excess:

Make of Veh:

D.O.A.

12/3/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lwp

H.O.D. Endorsement:

Date/Time:

9.25am @ 12/3/18

Person Contacted:

ehiangVehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 3573C - NA/4018004698/r3 D.O.A: 12/3/18
	YN 4767A - NA/4018004698/r3 D.O.A: 12/3/18



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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18004741/K1qd3

3 ANSON ROAD #28-01
SPRINGLEAF TOWER SINGAPORE 079909

Date : 13-03-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 4767A	Veh. Inspected	SHD 3573C
Policy No.		Coverage (\$)	0.00
Claim No.	DHOM110140801503	Excess (\$)	0.00
Assign From	JENNY LEW	Assign Date	13/03/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	12/03/2018	Inspection Date	13/03/2018
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.
--

Nivitha (LKK Auto)

From: LEW JENNY <jennylew@uoi.com.sg>
Sent: Monday, 12 March 2018 5:30 PM
To: fauzy@sparkcarcare.com; SUR; assignments
Subject: DHOM110140801503 - accident involving YN4767A & SHD3573C ON 12.3.2018
Attachments: 3582_001.zip

WITHOUT PREJUDICE

Dear Shiau Chan

Please arrange to survey vehicle at ComfortDelgro.

Thank You.

Warmest Regards

Jenny Lew

Claims Department

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

UOB EMAIL DISCLAIMER

Any person receiving this email and any attachment(s) contained, shall treat the information as confidential and not misuse, copy, disclose, distribute or retain the information in any way that amounts to a breach of confidentiality. If you are not the intended recipient, please delete all copies of this email from your computer system. As the integrity of this message cannot be guaranteed, neither UOB nor any entity in the UOB Group shall be responsible for the contents. Any opinion in this email may not necessarily represent the opinion of UOB or any entity in the UOB Group.

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref: 305124250
Date: 12/3/18
Time of Fax: 1545 hr

Via Fax: 63273872
Your Insured: YN 4167A
Date of Acc.: 12.03.18

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

D3573C

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties involved in the accident

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

• Lim Kwok Eng	Tel: 6214 8316 or HP: 9824 0811
• Larry Ng Nyuk Phin	Tel: 6214 8315 or HP: 9230 2824
• Lim Tien Siong	Tel: 6214 8398 or HP: 9635 8546
• Chiang Liat Choon	Tel: 6214 8314 or HP: 9296 6006
• Jumani Bin Masudin	Tel: 6214 8315 or HP: 9635 5305
• Fauzy Bin Mokhtar	Tel: 6214 8319 or HP: 8125 9176

Fax no. 6546 8156

PLS CALLED

- Fauzy

If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

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.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

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 ability.
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	12/03/2018 11:58
Date Of Accident	12/03/2018 09:00
Exact Location Of Accident	CAIRNHILL ROAD TWDS ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3573C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	ABD AZIZ BIN ABD JALIL
NRIC No	S1135107G
Date Of Birth	23/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1976
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 162 WOODLANDS STREET 13 #07-615
Postcode	730162
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	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

PLS REFER TO 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	YN4767A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KELVIN LAU JIA KAI
NRIC/Passport Number	404958267
Contact Number	
Address	
Postcode	
Insurance Company Name	UNITED OVERSEAS INSURANCE LTD
Nature Of Damage	NO VISIBLE DAMAGE

No. Of Passenger (Including Driver)

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.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature
Date & Time:

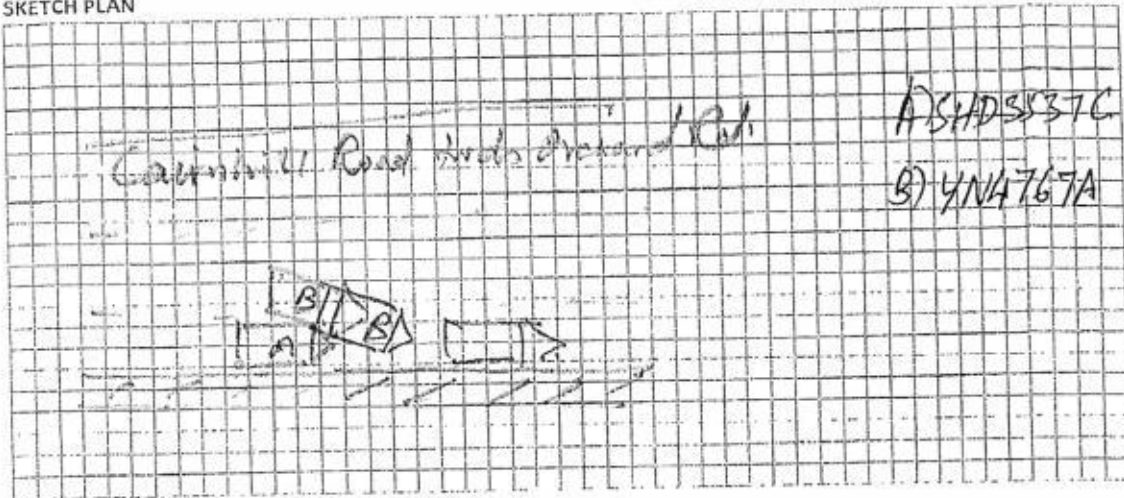
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Signature]
A. Moorthy
CSO 12/3/18

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/3/18 at about 0900 hrs while I Veh A was in lane 1 moving slowly behind other vehicles in front when Veh B intercepted into my lane and caused a collision that damaged the left wing mirror portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

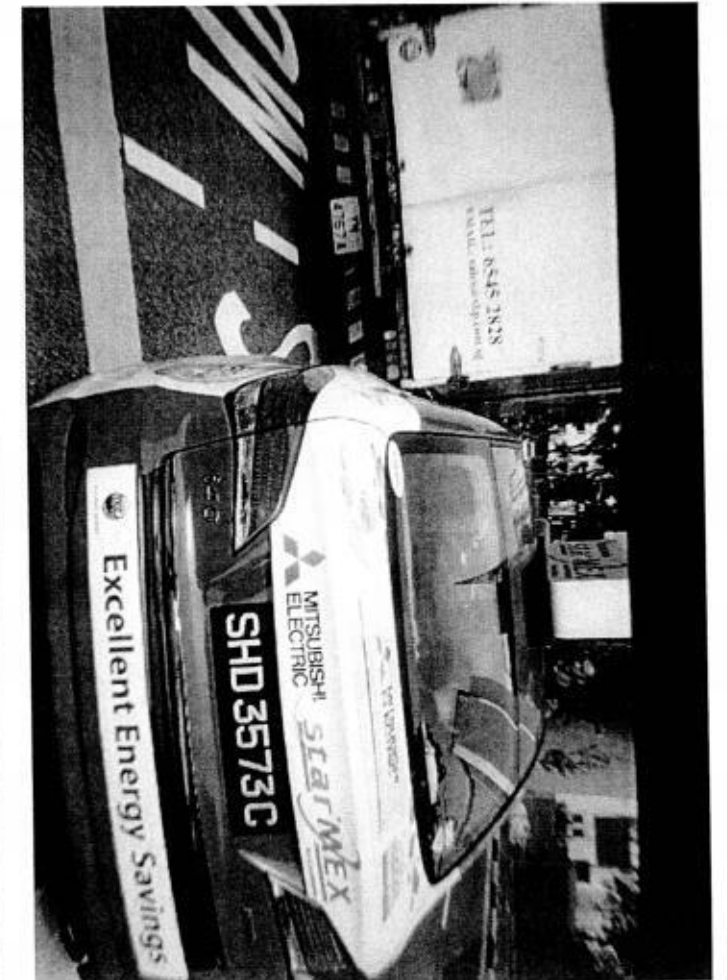
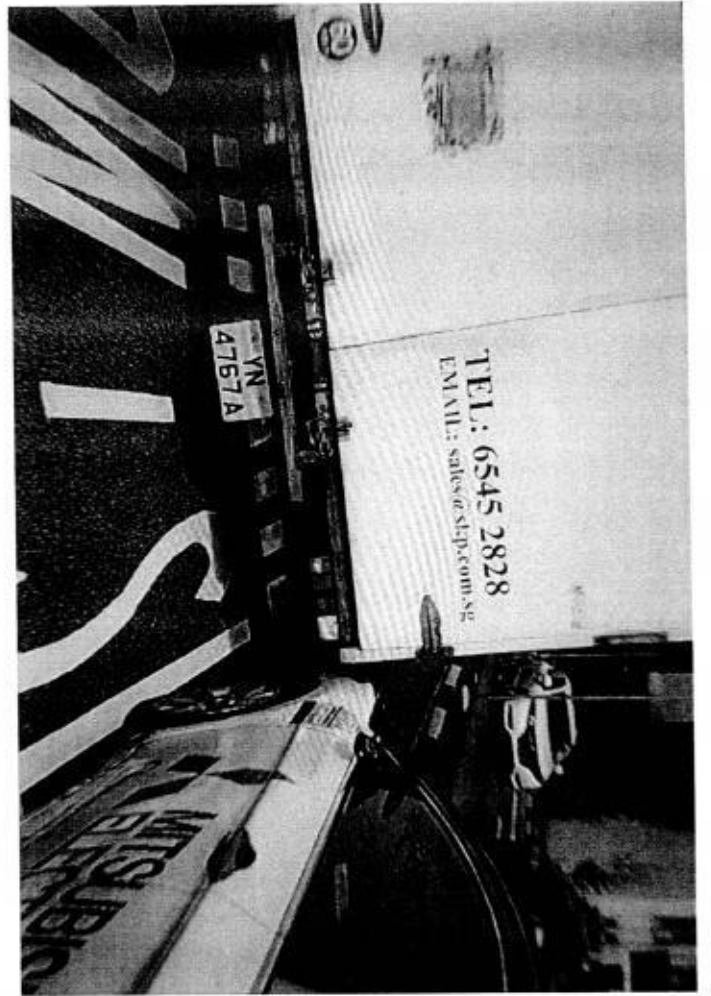
Policyholder's Signature
Date & Time:

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

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

S A Mody 12/3/18
ICSO





COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

305 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9753

Workshops

58 Loyang Drive Singapore 508959

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609266

320 Ubi Road Singapore 680031

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Date/Time: 12.03.2018 13:27

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3809891

JC NO: 305124250

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

MR/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

TEL. (R) (O)

(P)

DISCOUNT CARD NO.

REGN NO.

SHD3573C

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....

MODEL

I-40

12.03.2018 10:25

YR OF MANU

21.07.2016

TARGET DATE

CHASSIS CODE

RHMLB41UMGU092237

COMPLETION DATE/TIME:

Accident Date: 12.03.2018

NATURE: 3P 12.03.18/B-

JOB DESCRIPTION

LEFT WING MIRROR

DESCRIPTION

UOI

YN 4767A

S/NO

LABOR CODE



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

/C No.:

Vehicle No.:

SHD3573C

FZ UOI

Vehicle No.:

SHD3573C

FZ

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3573C

DATE 12/3/2018 14:35

MAKE :

MODEL : HYUNDAI i40

UOI / LKK
LEFT WING MIRROR

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) <i>Broken</i>			\$ 980.50
	SUB TOTAL			\$ 980.50
	LESS 20%			\$ 196.10
	DISCOUNTED TOTAL			\$ 784.40
	Front Door Coloured Comfort Logo (LH) <i>X " "</i>			\$ 75.00
	Front Door Advertisement Logo (LH) <i>X " "</i>			\$ 100.00
				\$ 175.00
	Labour Charge			
	Panel Beating			\$ 200.00 <i>50</i>
	Spray Painting Charge			\$ 400.00 <i>50</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 1,609.40
<p><i>Kali 16/1/14</i></p> <p><i>11 13/3/18 1005h</i></p> <p><i>1 Day</i></p> <p><i>PIP</i></p> <p><i>Before Part phd</i></p>				
<div> <div> KK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during resurvey Parts prices are subject to Third party survey is on a No illegal modification Supplementary </div> <div> Acknowledged by Repairer Signature Date </div> </div>				
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.				

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

JOB NO : 305124250
REGN NO : SHD3573C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 21.07.2016
DATE/TIME IN : 12.03.2018 10:25
ACCIDENT DATE : 12.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0600-G I40VC MIRROR ASSY-O/S REA 1 980.50 20.00 784.40

SUB-TOTAL : 784.40

JOB NATURE

0000 L PANEL BEATING 50.00
0001 L SPRAY PAINTING CHARGE 50.00
0002 L WIRING CHARGE 20.00

SUB-TOTAL : 120.00

TOTAL : 904.40

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305124250

Date : 13.03.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3573C

Date of Accident : 12.03.2018

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

1. The repair job shall bill to: UOI --- YN 4767A
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$784.40
(b) Labour Charges	\$120.00
Total for Part-By-Part Repair Cost	\$904.40
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$0.00
Final Lumpsum Repair cost	\$0.00

3. Estimated normal period for repairs: 1 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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 14/3/8

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:



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

UNITED OVERSEAS INSURANCE LTD

Ref : CS/UOI18004741/K1qd3n2

3 ANSON ROAD #28-01

SPRINGLEAF TOWER SINGAPORE 079909

Date : 16-03-2018



Code : UOI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 4767A	Veh. Inspected	SHD 3573C
Policy No.		Coverage (\$)	0.00
Claim No.	DHOM110140801503	Excess (\$)	0.00
Assign From	JENNY LEW	Assign Date	12/03/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092237	Colour	BLUE
Odometer	272431	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	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/03/2018	Inspection Date	13/03/2018
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:	1 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. SHD 3573C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT DOOR MIRROR (LH)	BROKEN	980.50	980.50
	LESS 20% DISCOUNT		-196.10	-196.10
			784.40	784.40
	<u>SPECIAL NETT ITEMS</u>			
1	FROTN DOOR COLOURED COMFORT LOGO (LH)(SN)	NOT NECESSARY	75.00	-
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NOT NECESSARY	100.00	-
			175.00	-
	<u>LABOUR</u>			
	PANEL BEATING.		200.00	50.00
	SPRAY PAINTING CHARGE.		400.00	50.00
	WIRING CHARGE.		50.00	20.00
			650.00	120.00
	GRAND TOTAL		1,609.40	904.40
RECOMMENDED COST OF REPAIRS				904.40

Report Ref No. CS/UOI18004741/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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.