



## **Shiau Chan (LKKAuto)**

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**From:** Shiau Chan (LKKAuto)  
**Sent:** Thursday, 27 September 2018 4:27 PM  
**To:** Motor Claims  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 26/09/2018, SHC 7136K (TP VEHICLE), SLC 4786G (OI VEHICLE)  
**Attachments:** SHC7136 GIA.pdf; SHC7136 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 7136K M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 26/09/2018.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

## 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	26/09/2018 14:17
Date Of Accident	26/09/2018 12:10
Exact Location Of Accident	AIRPORT BOULEVARD NEAR T2 ARRIVAL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7136K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	GOH KHIOK BOON
NRIC No	S00536671
Date Of Birth	27/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1975
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98198213
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	157 05-575 BEDOK SOUTH AVENUE 3
Postcode	460157
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - 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

SEE ATTACH.

#### 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	SLC4786G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN



A - SHC 7136K.

B - SLC 4786G.

Along T2 Boulevard Twds Departure Hall Near T2 Arrival Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.09.2018 at about 12:10 hrs, I was travelling along T2 Boulevard towards departure hall near T2
Arrival Exit with 4 passengers (2 female and 2 kids) on board.
I was travelling on the extreme right lane. Suddenly, veh (B) (SLC 4786G) cut into my lane and hit my taxi (A) front left portion.
I have company video fixed in my taxi and photos taken at scene to support my claims.
Veh (B) (SLC 4786G). Male driver.
No injury in this accident.
/

## DECLARATION

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

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature

Reporting Centre Personnel's Signature

sh Mod  
CSC

## Sketch Plan Pg. 2

### 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 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.

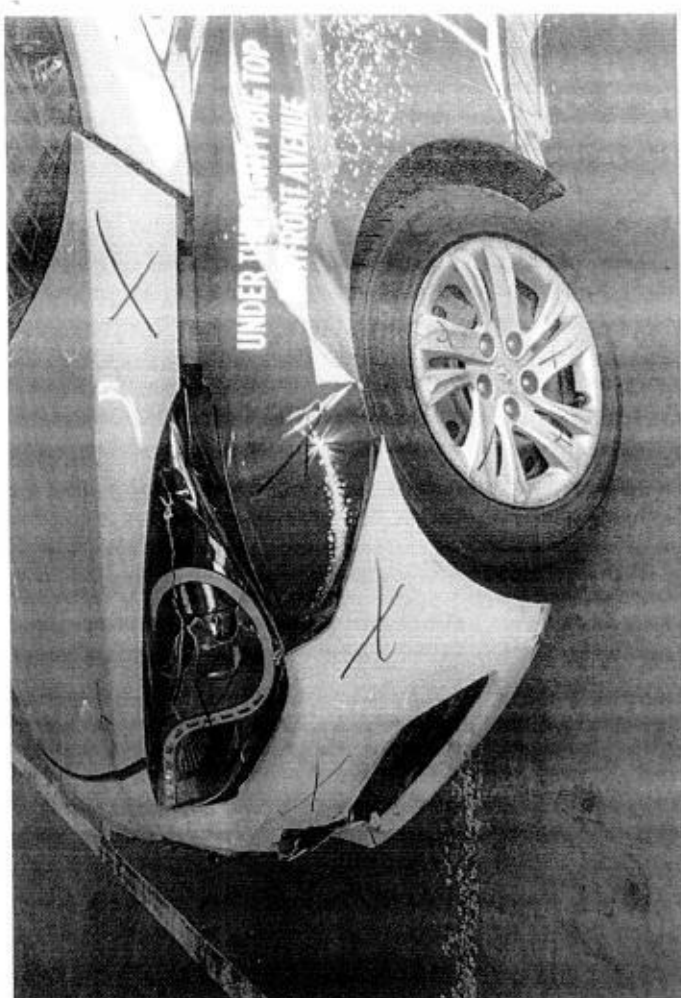
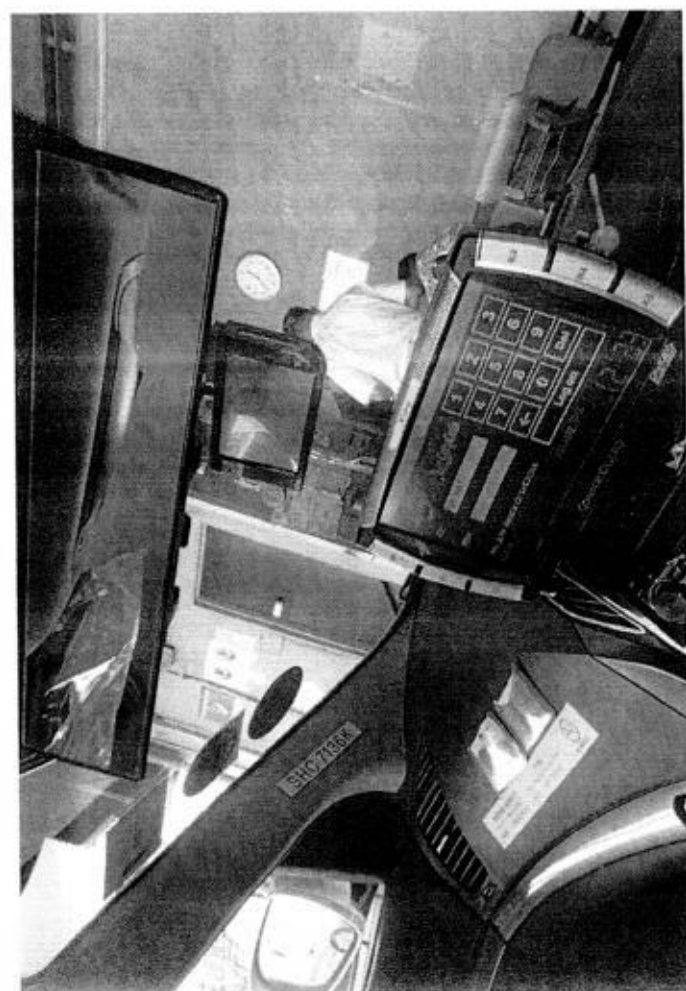
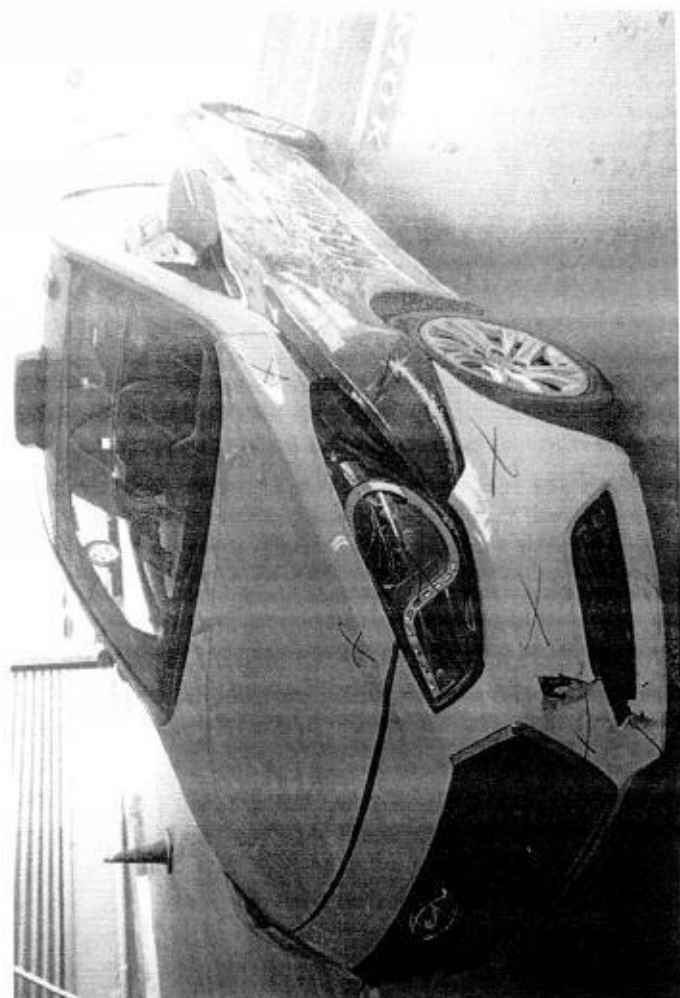
SINGAPORE TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

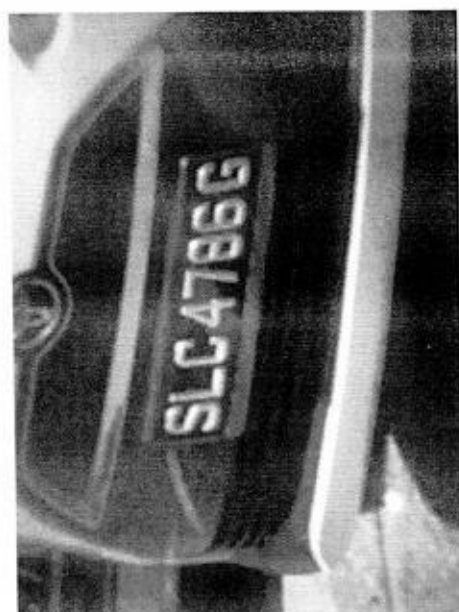
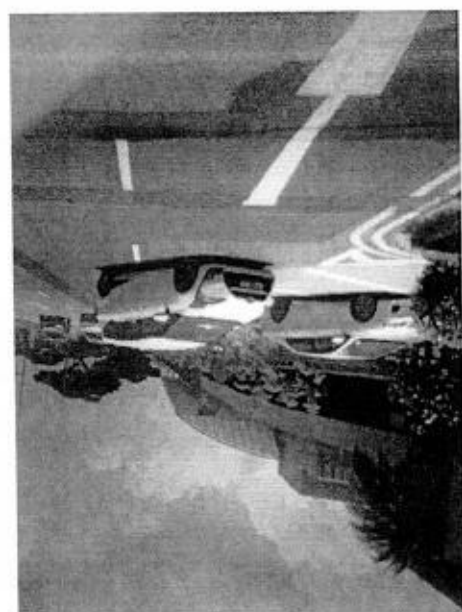
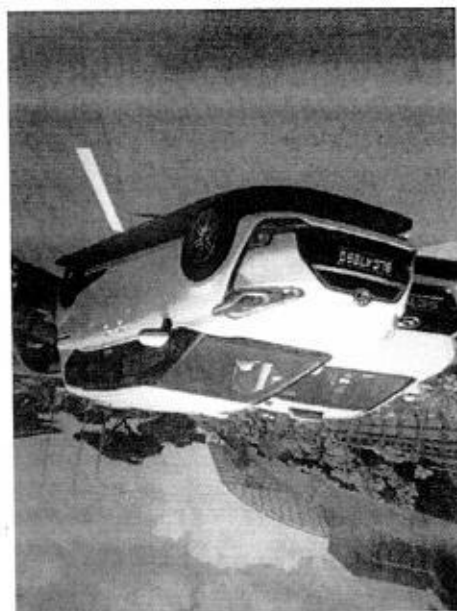
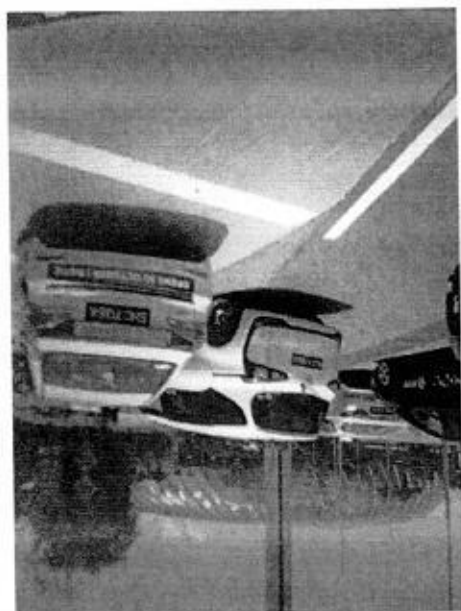
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26.09.2018 @ 13:00 Hrs

Reporting Centre Personnel's Signature  
Name: *Moorthy*  
NRIC/FIN No.: *CS01918*









Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305217950

OMER:

S CITYCAB PTE LTD  
OMER NO. 7010070  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

JUNT CARD NO.

REGN NO.: SHC7136K

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 26.09.2018 12:35

YR OF MANU 26.11.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU080730

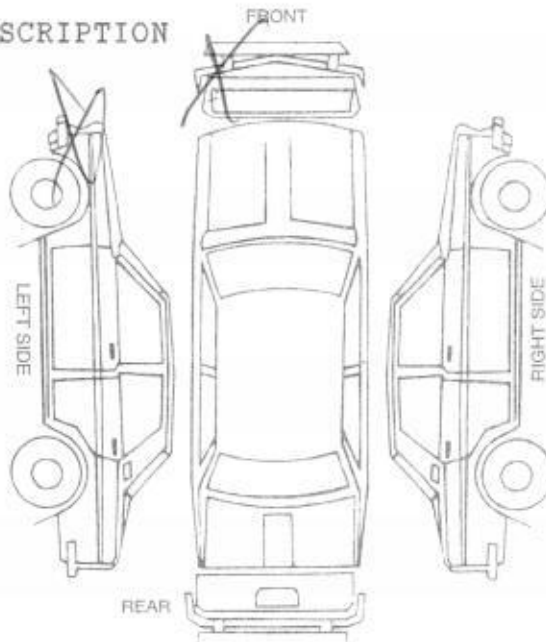
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.09.2018  
NATURE: 3P 26.09.18

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHC7136K JU TOKIO

Vehicle No.:

SHC7136K

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE\*

VEHICLE NO : SHC 7136K

DATE 26/9/2018 15:40

Tokio

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet Hinge (LH/RH) — <i>Ben</i>		\$ 41.00	\$ 82.00
	Radiator Grille — <i>en</i>			\$ 1,110.10
	Radiator Grille H Emblem <i>X<sup>as</sup></i>			\$ 39.50
	Front Bumper Cover — <i>Detail</i>			\$ 1,052.20
	Front Bumper Sponge <i>2 ton</i>			\$ 99.20
	Front Bumper Reinforcement <i>X<sup>su</sup></i>			\$ 402.10
	Front Bumper Grille (LH) <i>X<sup>Del</sup></i>			\$ 41.60
	Front Bumper Bracket Top (LH) — <i>en</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X<sup>en</sup></i>			\$ 24.60
	Headlamp (LH) — <i>en</i>			\$ 1,388.00
	Front Fender (LH) — <i>Ant</i>			\$ 566.30
	Front Fender Shield (LH) <i>X<sup>su</sup></i>			\$ 175.90
	Front Fender Retainer <i>X<sup>su</sup></i>			\$ 24.60
	Frt Wheel Hub Cap, LH <i>X<sup>su</sup></i>			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 5,135.60</b>
	<b>LESS 20%</b>			<b>\$ 1,027.12</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,108.48</b>
	Front Fender Advertisement Logo (LH) — <i>en</i>			\$ 100.00
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>440.00</del> <i>300</i>
	Spray Painting Charge			\$ <del>440.00</del> <i>400</i>
	Wiring			\$ <del>30.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>X<sup>as</sup></i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,040.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,248.48</b>
<p><i>Kalvin LKK</i>  <i>26/9/18 1600hrs.</i>  <i>2 LG,</i>  <i>P/P</i>  <i>Before Part photo</i></p>				
<p>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.</p>				

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before or after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to change
- Third party survey is not a 'Guaranteed' basis
- No illegal modification or tampering
- Supplemental work is subject to final survey

Acknowledged by Repairer  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305217950  
Date : 27/09/2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC7136K  
Fax :  
Date of Accident : 26/09/2018

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

- The repair job shall bill to: NO INS --- SLC4786G  
###
- The finalized amount shall be:  
(a) Spare Parts after List discount \$3,475.84  
(b) Labour Charges ### \$840.00  
Total for Part-By-Part Repair Cost \$4,315.84  
(c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- 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  
finalized amount

Signature :  
Name : JUMANI  
Tel : 62148315  
Fax : 65468156

Signature :  
Name : Kalvin  
Date : 28/9/18

### 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:

INDEPENDENT SURVEYOR

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 27.09.2018

Time: 14:38:44

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305217950  
REGN NO : SHC7136K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 26.11.2015  
DATE/TIME IN : 26.09.2018 12:35  
ACCIDENT DATE : 26.09.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	566.30	20.00	453.04
0003 04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	1,110.10	20.00	888.08
0004 04-01-0103-2294-G	I40V3 ABSORBER-FRONT BUMP	1	99.20	20.00	79.36
0005 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0006 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	22.40	20.00	17.92
0007 04-01-0103-0637-G	I40V2 BRKT ASSY-FR BPR UP	1	24.60	20.00	19.68
0008 04-01-0103-0651-G	I40VC HINGE ASSY-BONNET L	1	41.00	20.00	32.80
0009 04-01-0103-0652-G	I40VC HINGE ASSY-BONNET R	1	41.00	20.00	32.80

SUB-TOTAL : 3,475.84

## JOB NATURE

0000 L	PANEL BEATING- FRT.	300.00
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0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
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## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 27.09.2018

Time: 14:38:44

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305217950  
REGN NO : SHC7136K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 26.11.2015  
DATE/TIME IN : 26.09.2018 12:35  
ACCIDENT DATE : 26.09.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

0002 17-01 CHECK ALL LIGHTING 20.00

0003 20-00 TUFF COAT ON AFFECTED PARTS. 20.00

0004 20-05 RENEW ADVERTISMENT STICKER- 100.00

SUB-TOTAL : 840.00

TOTAL : 4,315.84

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & 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			
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CS/QW18017541/K1qbs2	
59 LOYANG DRIVESINGAPORE 508969		Date : 04-10-2018	
		Code : QW007	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
	Insured Veh. SLC 4786G	Veh. Inspected	SHC 7136K
	Policy No.	Coverage (\$)	0.00
	Claim No.	Excess (\$)	0.00
	Assign From	Assign Date	26/09/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
	Make & Model HYUNDAI I40	c.c	1685
	Engine No. HIDDEN	Year of Reg.	2015
	Chassis No. KMHLB41UMGU080730	Colour	YELLOW
	Odometer 488540	Steering	IN ORDER
	Brakes IN ORDER	Modification	STANDARD ALLOY RIM
	General FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
	R/H Front Tyre 205/60R16	CAMPEON	7 mm
	L/H Front Tyre 205/60R16	CAMPEON	7 mm
	R/H Rear Tyre 205/60R16	CAMPEON	7 mm
	L/H Rear Tyre 205/60R16	CAMPEON	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
	Accident Date 26/09/2018	Inspection Date	26/09/2018
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	





# 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. SHC 7136K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
2	BONNET HINGE (LH/RH) @ \$41.00	BENT	82.00	82.00
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	NOT NECESSARY	39.50	-
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	TORN	99.20	99.20
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP, LH	SERVICEABLE	107.10	-
	LESS 20% DISCOUNT		-1,027.12	-868.96
			4,108.48	3,475.84
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b>LABOUR</b>				
	PANEL BEATING.		440.00	300.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,040.00	740.00
<b>GRAND TOTAL</b>			<b>5,248.48</b>	<b>4,315.84</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>4,315.84</b>

Report Ref No. CS/QW18017541/K1qbs2

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.