

(08/11/13)

REF: NS/INC19019132/K30632

Surveyor: Kalvin

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp'd Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SLM 9867XPolicy No. 5113072884 (19/10/2019 - 18/10/2020)Claims No. MT/1069496-001

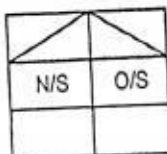
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: 2 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: SHC 1912B Yr Regn: 20 Dec, 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Truck~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 168Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 233 883 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB414M H41000 63

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Hankook

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/10/19 D.O.I. 29/10/19Survey held at C/DHE (Loyang)Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SLM 9867X - X

SHC 1912B: CC3/1221667703/Kub302 DUA: 23/04/2016

11/11/19 Vehicle PIP \$300/20y. (Red \$1553.36, 84%)

RECEIVED 4 NOV 2019

Date/Time, File Pass to?

1) 01/11/19 Inspector

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Prell. Report☐ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

Survey Fee:

Transportation:

S + RS \$

Photos

**TP Claims against NTUC Income: Follow-Through Survey**

Date 1/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1069493-001	CITYCAB	SHA 9726E	PC 4717J
2	MT/1068995-002	COMFORT TRANSPORTATON PTE LTD	SHC 8566X	SFW 59P
3	MT/1069496-001	COMFORT TRANSPORTATON PTE LTD	SHC 1912B	SLM 9867X
4	MT/1068724-002	COMFORT TRANSPORTATON PTE LTD	SHA 1917Z	FBQ 4764P
5	MT/1068659-002	COMFORT TRANSPORTATON PTE LTD	SHA 4979A	GBJ 5355S
6	MT/1068638-002	COMFORT TRANSPORTATON PTE LTD	SH 7495S	SLG 6634C
7	MT/1068735-002	CITYCAB	SHA 8191D	SGW 7227M

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="25/10/2019 08:41"/>
Vehicle No.(For Motor)	<input type="text" value="SLM9867X"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113072884		BLAZE MOTORING PTE LTD	201531362N	GPC	Third Party, Fire & Theft	SLM9867X	SLM9867X	19/10/2019	18/10/2020

Continue

## 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	26/10/2019 10:47
Date Of Accident	25/10/2019 19:15
Exact Location Of Accident	TAMPINES AVE 12 TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1912B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	KHALED BIN OSMAN
NRIC No	S1443012A
Date Of Birth	24/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97504413
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	129 06-42 BEDOK NORTH STREET 2
Postcode	460129
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	CHAIN COLLISION
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	4
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: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	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

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	SLM9867X
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 & REAR
No. Of Passenger (Including Driver)	

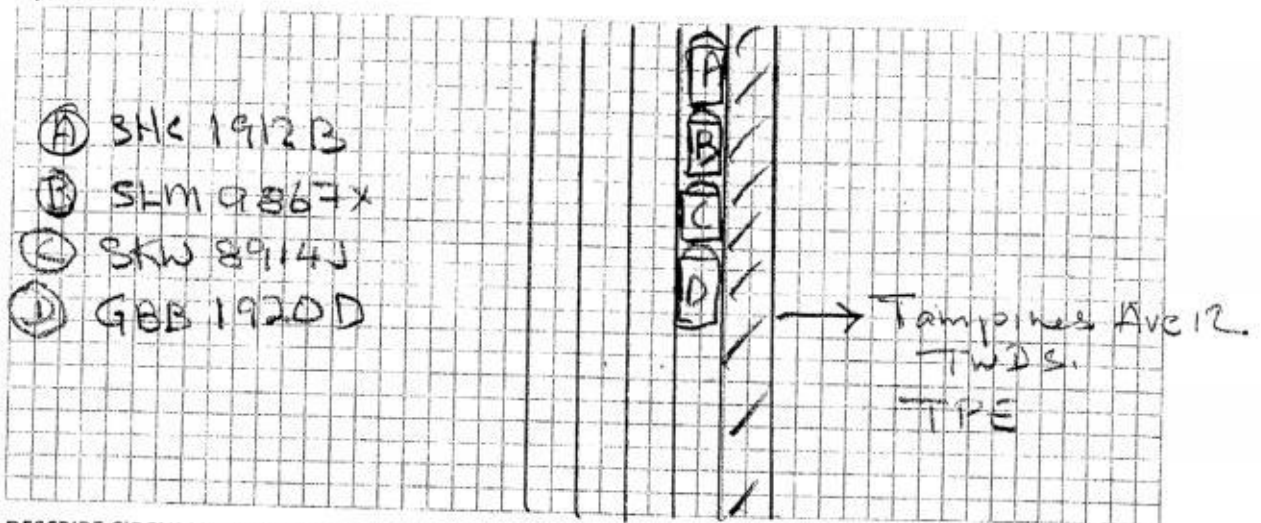
#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW8914J
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 & REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBB1920D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/2019 at about 1915 hrs, I vehicle A was stationary at the traffic light junction because of Red light. A few second later I was a few bang sound from back then come to me. I had four passengers on board of my taxi. No one was injured at that time.

## DECLARATION

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

OMFORT 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.:

OMFORT TRANSPORTATION PTE LTD



**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.
5. Any false reporting may be referred to the Police for investigation.
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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.

IMPORTANT TRANSPORTATION PTE. LTD.

Policyholder's Signature: 199303821R

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

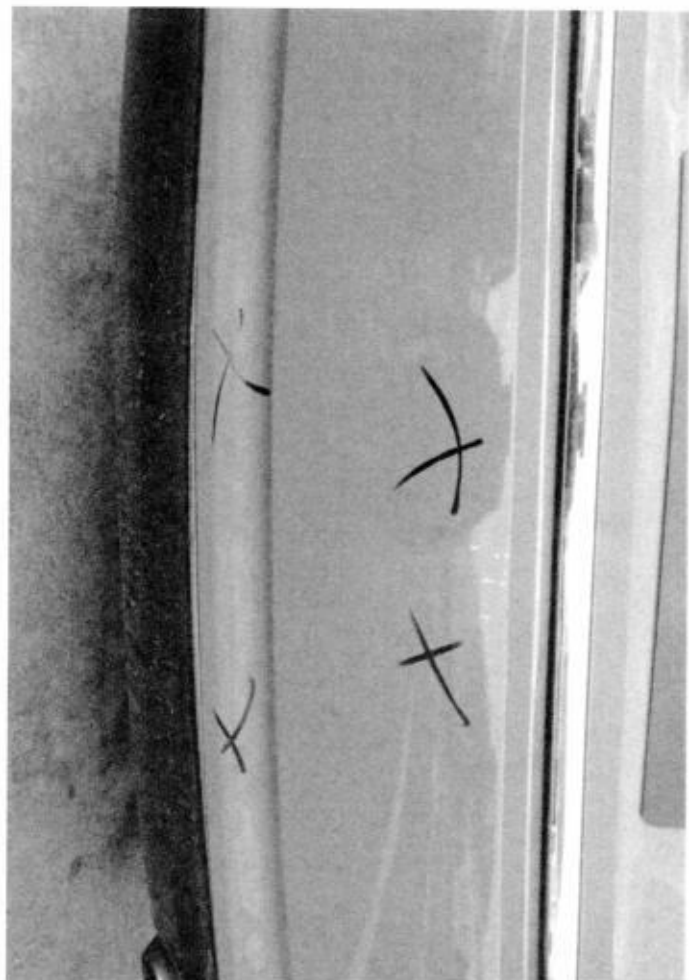
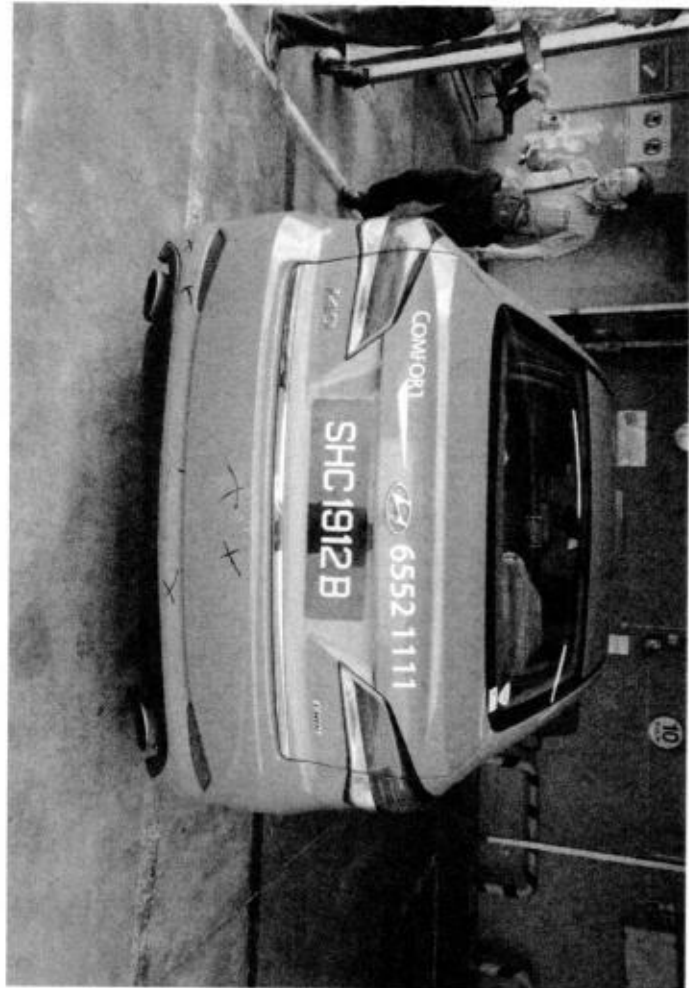
NRIC/FIN No.:

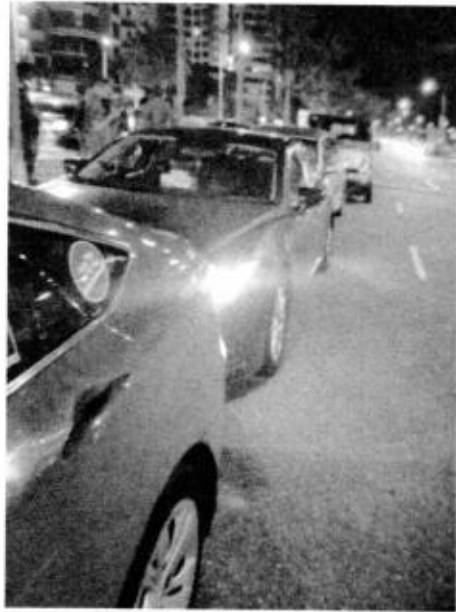
GIA/MAE Sketch Plan Form 9/3

4-7  
3-4

8-9  
5-6







Date/Time: 26.10.2019 11:40

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305344409

STOMER

VMS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

-- (R) (O)  
(P)

ICOUNT CARD NO.

REGN NO.:

SHC1912B

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

26.10.2019 09:20

YR OF MANU

20.12.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU100063

COMPLETION DATE/TIME

## JOB DESCRIPTION

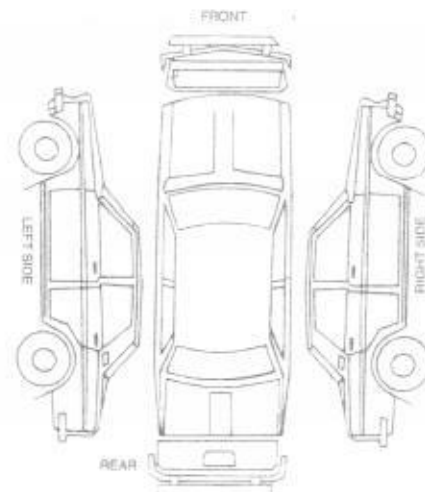
Accident Date: 25.10.2019

NATURE: 3P 25.10.2019

S/NO

LABOR CODE

DESCRIPTION



ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e No.: SHC1912B

CHIANG

Vehicle No.:

SHC1912B

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 1912B

DATE 26/10/2019 10:57

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x 1 pc</i>			\$ 553.00
	Rear Bumper Reinforcement <i>x 1 pc</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x 2</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>x 10</i>			\$ 22.00
	Rear Bumper Bracket <i>x 1 pc</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>x 1 pc</i>			\$ 103.50
	Rear Bumper Under Cover <i>x 1 pc</i>			\$ 228.00
	<b>SUB TOTAL</b>			<b>\$ 1,566.70</b>
	<b>LESS 20%</b>			<b>\$ 313.34</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,253.36</b>
	<b>Labour Charge</b>			<b>100</b>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
				<b>200</b>
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,853.36</b>
<p><i>Kalish 11/11/19</i></p> <p><i>29/10/19 1050h</i></p> <p><i>2 by,</i></p> <p><i>PIP</i></p> <p><i>After Repair 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>				

Our Job Ref No : 305344409  
Date : 31/10/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC1912B

Fax :

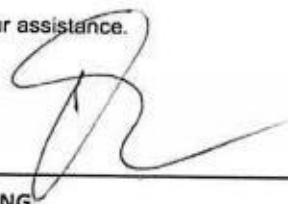
25/10/2019

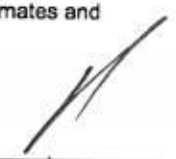
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- 2 The repair job shall bill to: NTUC SLM9867X
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges \$300.00
- Total for Part-By-Part Repair Cost** \$300.00
- (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_

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 : Kalvin  
Date : 1/11/19

### 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:

\_\_\_\_\_  
\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 30.10.2019  
Time: 15:20:19  
Page: 1

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

JOB NO : 305344409  
REGN NO : SHC1912B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 20.12.2017  
DATE/TIME IN : 26.10.2019 09:20  
ACCIDENT DATE : 25.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 PB	PANEL BEATING	100.00
0001 SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

NAME & SIGNATURE  
DATE:

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE:







## 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/INC19019132/K1qf3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 05-11-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLM 9867X	Veh. Inspected	SHC 1912B	
Policy No.	5113072884	Coverage (\$)	0.00	
Claim No.	MT/1069496-001	Excess (\$)	0.00	
Assign From		Assign Date	29/10/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU100063	Colour	BLUE	
Odometer	233883	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	205/60 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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	25/10/2019	Inspection Date	29/10/2019	
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:		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. SHC 1912B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-313.34	-
			1,253.36	-
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	300.00
<b>GRAND TOTAL</b>			<b>1,853.36</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC19019132/K1qf3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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.