

NATIONAL Assessment Centre Services

(Unit 1 Jan 2000)

NA18002870

Date In: 06/01/2018 11:23	Job description	Date & Time Completed	Done by
Ref No: NA18002870/1	SAS e-illing		
Veh No: 930 9955 R	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 05/01/2018 12:20	t-Motor Claim Form		
OD (TP) Reporting Only	t-Motor W/O (within 10 days, TP 1hr)		
	t-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hnd to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: 605576A, INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%)	(Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	INC Hotline: 6788 6616	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury:

Date/Time	Action

NA180018	Invoice Preparation Checklist
Customer's Particulars:	1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100) INC (\$30) 3) TP: Towing Fee \$40/\$43 4) PT: Follow-Through Survey \$120 5) RT: Follow-Through Survey (Resurvey) \$30 Forgoing the above INC Only (wef 10 Jan 2000) 6) TR: Re-inspection \$15 7) NI: Idw DA + SMRT Survey \$160 8) NTUC Additional Services Q11: *N3: Courtesy Car / Tpl Allowance \$5 *N6: Repair Coordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Unexcess Coordination \$5 *N9: (N11) TP (Non-INC) against INC \$20 *N12: Idw Mobile 10
Driver/Owner:	
Contact No:	
Insured Portion:	
C. Checked by (Engi-In-Charge):	
Notes/Comments:	
L 1:	
L 2/3:	

Invoice dated: 06/01/2018 Fee Charged: \$300.00

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 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	06/01/2018 11:23
Date Of Accident	05/01/2018 12:20
Exact Location Of Accident	ALONG LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9955R
Insured/Policyholder	
Name Of Registered Owner	SAMWOH PREMIX PTE LTD
Co Reg No	199703387Z
Email Address	RONNIE.ANG@SAMWOH.COM.SG
Mobile Phone No	(LOCAL) +65-81278011
Alternative Phone No	OFFICE-81278011

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.3 D SX CARGO (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27948987 MKC
Cover Note Number	

Driver

Name of Driver	OH KIM LAI
NRIC No	S1131618B
Date Of Birth	10/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81278011
Fax Number	
Contact Number	OTHERS-81278011
EMail Address	RONNIE.ANG@SAMWOH.COM.SG

Address	BLK 472B FERNVALE STREET #03-53
Postcode	792472
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 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)	2
Passenger 1	NAME: : ANG HOCK CHYE, RONNIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180106/2026

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GQ5576A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOKE POOI LING
NRIC/Passport Number	S9173207F
Contact Number	91000538
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

OH KIM LAI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBD9955R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ANG HOCK CHYE ,RONNIE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBD9955R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

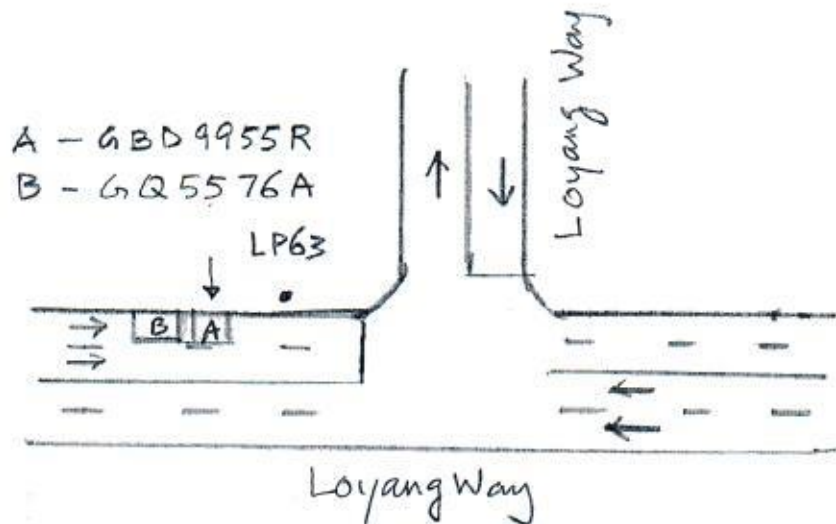


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5th January 2018 at about 12.30pm, I, Oh Kim Lai, the driver of GBD9955R, was waiting at the junction of Loyang Way by Loyang Way for the traffic lights to turn green.


The lights had just turned green and I was about to move off when I felt a bang on my vehicle, rear portion one passenger was in my vehicle. Vehicle GQ5576A got one passenger also. Me and my passenger was injured.

Police Report 7/2018.0106/2026

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: 5/1/2018


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 06/01/2018



SINGAPORE POLICE FORCE



T/20180106/2026

1 of 4

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180106/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2018 10:51		Vide Report No.:		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: OH KIM LAI			Address: APT BLK 472B FERNVALE STREET #03-53 SINGAPORE 792472		
ID Type / ID No.: NRIC NO / S1131618B			Contact No.: Home/Office: Mobile: 81278011		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 10/04/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATIONS EXECUTIVE			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2018 12:20	Type of Location: T-Junction
Location: Along Road 1 LOYANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9955R	Van					1
GQ5576A	Bus/Coach/Mi nibus					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180106/2026

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Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180106/2026

CONTINUATION OF REPORT

Passenger			
Name	ANG HOCK CHYE RONNIE		ID No. S7707290Z
Related Vehicle	GBD9955R (Van)		Contact No. 92393248
Hospital/Clinic	RAFFLES EXECUTIVE MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2018	Date Discharge	06/01/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OH KIM LAI		ID No. S1131618B
Related Vehicle	GBD9955R (Van)		Contact No. 81278011
Hospital/Clinic	RAFFLES EXECUTIVE MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/01/2018	Date Discharge	06/01/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOKE POOI LING		ID No. S9173207F
Related Vehicle	GQ5576A (Bus/Coach/Minibus)		Contact No. 91000538
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/1/2018 at about 1220hrs, I was driving my vehicle bearing registration number GBD9955R along Loyang Way junction of Loyang Way. I was at the traffic light waiting for the traffic light to turn green.

The traffic lights turned green and I was about to move off when I felt a bang on the rear part of my vehicle. I then alighted and discovered another bearing registration plate number GQ5576A have collided onto my vehicle.

Both parties exchanged particulars and we left. Both me and my passenger went to Raffles Medical Center at Compass One to seek treatment.



**SINGAPORE
POLICE FORCE**



T/20180106/2026

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

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Report No. T/20180106/2026

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180106/2026

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180106/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/01/2018 10:51

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 05/07/2018 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: Along Paya Lebar Way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBO 9955R
 b) INSURANCE COMPANY: NRIC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) _____
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SAMWOT PRAMIX (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1997033272 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(2)

- DRIVER
 a) NAME: OH Kian Kai (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)

1) DATE OF DRIVING PASS _____ (YES / NO)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) 8

7. a) REPORTED TO POLICE (YES / NO) 8
 IF YES, PLEASE STATE WHICH POLICE STATION: Geylang

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
(2)

- a) VEHICLE NUMBER: GQ 5576D MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

Email = RONNIE.ANG@SAMWOT.COM.SG

Fax = 63650512

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1131618B**

Name: **OH KIM LAI**

Birth Date: **10 Apr 1955**

Issue Date: **21 Nov 2017**

002745810J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1131618B**

Name: **OH KIM LAI**

胡金來

Race: **CHINESE**

Date of birth: **10-04-1955**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S1131618B

1289
29/11/16






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	19 Apr 1976
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$	26 Oct 1978
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	15 Aug 1983
	Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$	

NP 428A

Licence No: S1131618B



5467641

NRIC No. **S1131618B**

Date of issue: **12-05-2015**

Address: **APT BLK 472B FERVALE STREET
#03-53
SINGAPORE 792472**




**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7800, Fax: +65 6827 7900
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300
 Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE
Comprehensive

Certificate No. B 27948987 MKC

Excess: SGD1,500

1. Index Mark and Registration Number of Vehicle
 GBD9955R

2. Name of Policyholder
 Samwoh Premix Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 12/08/2017

4. Date of Expiry of Insurance
 11/08/2018

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use in connection with the Policyholder's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 Use for social domestic and pleasure purposes.
 The Policy does not cover
 (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer

ACKNOWLEDGEMENT

I, ...OH KIM LA... holding NRIC / Passport no. * S1131618B...
(*delete which is not applicable)

of vehicle no. G.B.D. 9955R acknowledge the following:

1. I am clear about the information disseminated by the counter staff during my accident reporting.
2. My accident reporting is for
(please circle the appropriate one)
 - a) REPORTING PURPOSE ONLY
 - b) CLAIMING OWN DAMAGE
 - c) CLAIMING THIRD PARTY ✓
3. I came
 - a) with my workshop
 - b) without my workshop
4. My workshop who came with me is
(please provide the workshop name)
5. My preferred workshop who did not come with me is
..... and not recommended by the staff
(please provide the workshop name)

Signature :

Date _____