

By signing this form, you agree and state that information contained above is the sole truth. You understand and state that a false claim for compensation could result in criminal prosecution. You declare that to the best of your knowledge, the information given on this form is correct and truthful. If you agree, please type your name with your handwriting and also dully sign the claim document. By making a notice of dispute, you are also consenting your name and address being used for the purpose of making inquiries to the dispute.

Date of Claim DD MM YYYY

Location or Country of Claim

Signature: _____