

DAMAGE ON THE INSURED UNIT

(Specify parts of vehicle damage and nature of damage)

Empty table for damage details with multiple rows.

PERSON INJURED/KILLED, If any

If in case there are person/s or victim/s injured in an accident, please secure the following information details:

Table with 4 columns: Name, Address, Age, Remarks. Multiple empty rows for data entry.

Privacy Consent Statement : I declare that all the information that I provide in this form are mine, true, correct, and updated. By submitting this Incident Report, I authorize and provide my explicit consent to FGGEN's Data Processing, Profilling, and Sharing provisions as required under Republic Act 10173 and other applicable laws and regulations. I also agree to FGGEN's Privacy Policy.

Signature lines for 'Signature of Insured's Driver / Date' and 'Signature of Adverse Party's Driver / Date'.

Signed in the presence of

Subscribed and sworn to before me this _____ day of _____ in _____

_____ Affiants exhibiting to me their residence certificate nos. _____

Issued at _____ on _____ and _____

Issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Notary Public
Until December 31 _____
PTR no. _____ Issued on _____
At _____

FRAUD WARNING

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."