



MOTOR VEHICLE ACCIDENT REPORT FORM

NOTE : TO BE ACCOMPLISHED BY THE USER OF THE VEHICLE AT THE TIME OF ACCIDENT.
 DOCUMENTS TO BE SUBMITTED:

Date	
Accomplished :	

- | | |
|---|--|
| 1. Photocopy of driver's license | 5. Pictures showing the plate number and damaged portions of the vehicle |
| 2. Photocopy of registration certificate with current official receipt | 6. For bodily Injury or death Claims |
| 3. Police report and / or Affidavit of the driver/owner of the vehicle / Duly Accomplished Motor Car Accident Report form | 6.1 Hospital bills and receipts |
| 4. Repair estimate | 6.2 Death certificate |
| | 6.3 Proof of affiliation with the beneficiary |

P.S. We reserve the right to require submission of other documents to support the claim, if necessary.

Name of Insured			
Residence Address		Tel. No.	
Office Address		Tel. No.	
		Mobile No.	

	INSURED VEHICLE	OTHER VEHICLE
Registered Owner of Vehicle		
Residence Address		
Make & Model		
Plate No.		

Name of Driver		
Residence Address		
Telephone No.		
Relationship to the Owner of the Vehicle		

License No.		
Issued	Date/Place:	Date/Place:

Insurer of Vehicle		
Policy No.		

BRIEF NARRATION OF THE ACCIDENT

SKETCH OF THE ACCIDENT

(Please sketch the full details: street name, curbs, corners, position of the vehicles involved after impact, mark point/s of impact and provide dascam recorder if available)

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Signature of Driver-Insured Vehicle

Signature of Driver-Adverse Vehicle

DAMAGE ON THE INSURED UNIT

(Specify parts of vehicle damage and nature of damage)

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:

Name	Address	Age	Remarks

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 FGEN's Data Processing, Profiling, and Sharing provisions as required under Republic Act 10173 and other applicable laws and regulations. I also agree to FGEN's Privacy Policy.

_____	_____ 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 _____
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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."