

Signature of Driver-Insured Vehicle

Fortune General Insurance Corporation - Head Office : 4/F Citystate Centre, 709 Shaw Blvd., Pasig City Tel No. 8706-39-59 Makati Evaluation Center : Tel No. 8893-75-12 / 8893-36-63

MOTOR VEHICLE ACCIDENT REPORT FORM

	MOTOR VEHICLE ACCIDE	II REPORT FORM	
NOTE: TO BE ACCOMPLISHED BY DOCUMENTS TO BE SUBMITTED:	THE USER OF THE VEHICLE AT THE TIME OF ACCIDENT.	Date Accomplished:	
Photocopy of driver's license at Photocopy of registration certifit Police report and / or Affidavit of Motor Car Accident Report form Repair estimate (optional)	cate with current official receipt of the vehicle for the driver/owner of the vehicle / 6. For bodily Injury or de 6.1 Hospital bills and 6.2 Death certificate 6.3 Proof of affiliation		
P.S. We reserve the right to requi	re submission of other documents to support the claim, if necessary.		
Name of Insured			
Address			
Contact No.			
Date of Accident:		Time of Accident:	
Place of Accident			
	INSURED VEHICLE	OTHER VEHICLE	
Registered Owner of Vehicle			
Address			
Make & Model			
Plate No.			
Name of Driver			
Telephone No.			
Relationship to the Owner of the			
Vehicle			
	BRIEF NARRATION OF	THE ACCIDENT	
	SKETCH OF THE A	CCIDENT	
(Please ske	etch the full details: street name, curbs, corners, position of the vehicles involved a		

Signature of Driver-Adverse Vehicle

DAMAGE ON THE INSURED UNIT						
(Specify parts of vehicle damage and nature of damage)						
	PERSON INJUI	RED/KILLE	ED. 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			
	1	1.3				
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, Profilling, 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 Ins	sured's Driver/Date		Signature of Adverse Party's Driver / Date			
		-				
File your claim online For faster service, you may file your claim online by visiting our official website at https://fgeninsurance.com and selecting the Claims tab, or by accessing the claims form directly at https://eform.fgeninsurance.com						
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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."