

MOTOR VEHICLE INSURANCE

IMPORTANT, PLEASE READ: Submission of this form together with the supporting document/s is for evaluation purposes only. FPG Insurance reserves the right to request for additional document/s & or information as needed to complete the review of this claim. List of required document/s &/or information is provided on page 02 of this claim form. This must not be construed as an admission of liability.

	SECTION 01: P	OLICY	/HOL	.DER/	INSU	IRED INFO	RMATION		
Name of Policyholder/C	Company:					Policy	No.:		
Name of Individual Insured/Claimant:	Last Name			First Nar	ne		Middle Name	Suffix	
Complete Address of Insured/Claimant:	Block/Lot/Phase/Floor/Unit N	No.		Street		Village/Subdi	ivision/Condo Building	Barangay	
City/Mun	icipality		Pro	ovince/St	ate		ZIP Code		
Mobile No.:		EMail .	Addre	SS:					
	SECTION 02	2: INS	URE) VEH	ICLE	INFORMA	TION		
			Year, Make and Model:				Plate No. or CS No.:		
Chassis No.:		Engine	e No.:				Date of Purchase:	DD/MMM/YYYY	
	SECTION 03: DI	RIVER	INF	ORM <i>A</i>	AOITA	I & CLAIM	DETAILS	BOJ MINING TTT	
Name of authorized driver at							rith the insured:		
DRIVER'S LICENSE DETAILS License No.:						Validity Period:			
Restriction/s:			Licens	е Туре:	F	Professional	Non-Professional		
Circumtance of loss:		1		Place/D	ate & Ti	me of Loss:			
						WHAT PURPO	SE THE VEHICLE IS BEING US	SED FOR?	
					Person	nal Use	Hired by Passenge	Prs	
			[ercial Use	Others (please specify)		
Damages incurred by the insured unit (please specify)							EXTENT OF DAMAGE		
				Minor			Moderate	Severe	
							PARTY AT FAULT		
					Insured	d/Authorized D	river Third Party	None	
Sketch place of accident and	location of motor vehicle/s at th	e time of	acciden	ıt:					
	DA	TA PR	RIVA	CY CO	NSEI	NT FORM			

I acknowledge that FPG Insurance Co., Inc. (FPG) may collect, use, process and share my personal information to its stakeholders, duly authorized representatives, business partners, adjusters and other third parties for purposes such as but is not limited to underwriting, claims, business analysis, compliance with regulatory requirements and any other legitimate business purpose. I authorize FPG to disclose my personal data to FPG group of companies, their service providers, other insurance and distribution parties and to any other third parties and authorities to whom FPG must make disclosures under applicable laws and regulations.

I also authorize FPG to verify and investigate the information I have given, including documents submitted. FPG may retain my personal information as long as my business transaction with FPG is still in force and in case of termination, for a period of five (5) years from the date of termination. I acknowledge and agree to the data privacy provisions as stated above. I hereby provide my consent by affixing my signature in this form.

6/F Zuellig Building, Makati Avenue cor. Paseo de Roxas, Makati City, 1225 Philippines

		Y VEHICLE INFO			
Registered Owner:	Year, Make and M		Plate No. or CS No.:		
Name of Driver:	Contact No.:		third party vehicle:		
	NAME OF INJURED PER				
NAME OF INJURED PERSON/S	IDENTITY OF INJURED PERSON	INJURY SUSTAINED	CONTACT DETAILS OF VICTIM/FAMILY MEMBER		
	Insured's passenger	Minor Injury			
	TP's passenger Pedestrian	Serious Injury Death			
	Insured's passenger	Minor Injury			
	TP's passenger Pedestrian	Serious Injury Death			
	Insured's passenger	Minor Injury			
	TP's passenger Pedestrian	Serious Injury Death			
		Death			
Remarks:					
	SECTION 06: DECLARATI	ON AND AUTHOR	IZATION		
TRUTHFULNESS		his Claire Cours in town			
to verify the information submitted to sup		ciaiiii roiiii is uue, comp	ete and correct. I understand that it may be necessary		
AUTHORIZATION I hereby authorize FPG Insurance or its rep	resentative to verify the accuracy and to	uthfulness of document/s &	or information provided from the issuing establish-		
I hereby authorize FPG Insurance or its representative to verify the accuracy and truthfulness of document/s &/or information provided from the issuing establishment &/or from competent authorities who have personal knowledge regarding this claim. I hereby irrevocably authorize FPG Insurance or its representative to obtain my/our record related to the vehicular accident from attending traffic enforcer, police officers, medical practitioner, clinics hospital, insurance companies,					
	er relevant organization or establishmer	nt. This authorization is valid	even i/we am/are deceased. My/our next kin is also		
DATA PRIVACY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
By submitting this application form, I herebinformation in accordance with the FPG Pri			ce may collect, use, and process my personal cy/		
EICNATURE OVER	DDINITED NAME		DATE		
SIGNATURE OVER	PRINTED NAME		DATE DD/MMM/YYYY		
CLAIM PROCEDURE & LIST C			QUIREMENTS (FOR ALL TYPES OF CLAIM)		
CLAIM PROCEDURE & LIST C IMPORTANT: 1. Please prepare the required docume	OF DOCUMENTS REQUIRED	 Duly accomplished and Copy of driver's licens 	QUIREMENTS (FOR ALL TYPES OF CLAIM) d signed FPG Insurance Claim Form; e and OR of driver at the time of accident;		
CLAIM PROCEDURE & LIST C IMPORTANT: 1. Please prepare the required docume policy and proof of premium paymer verification;	or DOCUMENTS REQUIRED ents together with the copy of your nt before reporting a claim to facilitate	Duly accomplished and Copy of driver's licens Copy of certificate of a Copy of deed of sale i	QUIREMENTS (FOR ALL TYPES OF CLAIM) d signed FPG Insurance Claim Form;		
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