

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: POLICYHOLDER/INSURED INFORMATION

| | | | | |
|--|--------------------------------|------------------------|------------------------------------|----------|
| Name of Policyholder/Company: | | Policy No.: | | |
| Name of Individual Insured/Claimant: | | | | |
| | Last Name | First Name | Middle Name | Suffix |
| Complete Address of Insured/Claimant: | | | | |
| | Block/Lot/Phase/Floor/Unit No. | Street | Village/Subdivision/Condo Building | Barangay |
| | | Province/State | ZIP Code | |
| Mobile No.: | | E-Mail Address: | | |

SECTION 02: INSURED VEHICLE INFORMATION

| | | |
|--------------------------|------------------------------|--|
| Registered Owner: | Year, Make and Model: | Plate No. or CS No.: |
| Chassis No.: | Engine No.: | Date of Purchase: <small>DD/MMM/YYYY</small> |

SECTION 03: DRIVER INFORMATION & CLAIM DETAILS

| | | | |
|---|---|--|---------------------------------|
| Name of authorized driver at the time of accident: | | Relationship with the insured: | |
| DRIVER'S LICENSE DETAILS | | Validity Period: | |
| License No.: | | | |
| Restriction/s: | License Type: <input type="checkbox"/> Professional <input type="checkbox"/> Non-Professional | | |
| Circumstance of loss: _____ _____ _____ _____ | Place/Date & Time of Loss: | | |
| | WHAT PURPOSE THE VEHICLE IS BEING USED FOR? | | |
| | <input type="checkbox"/> Personal Use | <input type="checkbox"/> Hired by Passengers | |
| | <input type="checkbox"/> Commercial Use | <input type="checkbox"/> Others (please specify) | |
| Damages incurred by the insured unit (please specify) _____ _____ _____ | EXTENT OF DAMAGE | | |
| | <input type="checkbox"/> Minor | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
| | PARTY AT FAULT | | |
| | <input type="checkbox"/> Insured/Authorized Driver | <input type="checkbox"/> Third Party | <input type="checkbox"/> None |

Sketch place of accident and location of motor vehicle/s at the time of accident:

DATA PRIVACY CONSENT 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.

SECTION 04: THIRD-PARTY VEHICLE INFORMATION

| | | |
|-------------------|-----------------------|---------------------------------|
| Registered Owner: | Year, Make and Model: | Plate No. or CS No.: |
| Name of Driver: | Contact No.: | Insurer of third party vehicle: |

SECTION 05: NAME OF INJURED PERSON/S DUE TO VEHICULAR ACCIDENT

| NAME OF INJURED PERSON/S | IDENTITY OF INJURED PERSON | INJURY SUSTAINED | CONTACT DETAILS OF VICTIM/FAMILY MEMBER |
|--------------------------|--|--|---|
| | <input type="checkbox"/> Insured's passenger <input type="checkbox"/> TP's passenger <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Death | |
| | <input type="checkbox"/> Insured's passenger <input type="checkbox"/> TP's passenger <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Death | |
| | <input type="checkbox"/> Insured's passenger <input type="checkbox"/> TP's passenger <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Death | |

Remarks:

SECTION 06: DECLARATION AND AUTHORIZATION

TRUTHFULNESS

This is to certify that to the best of my knowledge, all the information provided in this Claim Form is true, complete and correct. I understand that it may be necessary to verify the information submitted to support my claim.

AUTHORIZATION

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, government agencies/institutions and other relevant organization or establishment. This authorization is valid even i/we am/are deceased. My/our next kin is also bound by this authorization. The original copy of this authorization has the same effects.

DATA PRIVACY

By submitting this application form, I hereby agree and consent that to the extent required by law, FPG Insurance may collect, use, and process my personal information in accordance with the FPG Privacy Policy can be found at <https://ph.fpgins.com/about/privacy-policy/>

SIGNATURE OVER PRINTED NAME

DATE
DD/MMM/YYYY

CLAIM PROCEDURE & LIST OF DOCUMENTS REQUIRED

IMPORTANT:

- Please prepare the required documents together with the copy of your policy and proof of premium payment before reporting a claim to facilitate verification;
- Claim must be reported the soonest possible time after the accident, late reporting may cause delay in the processing of your claim and you shall be required to submit an explanation regarding the cause of delay;
- Only the name insured &/or registered owner is allowed to sign the pertinent documents regarding this claim, the insured must issue a special power of attorney to his/her authorized representative in his/her absence.

MODES OF REPORTING A CLAIM

- Via call - call our contact number – (02) 8859 1200, (02) 8662 8600 , (02) 8771 8500, and (02) 7944 1300
- Via website – <https://ph.fpgins.com/>
- Via email - PH-ClaimsServiceDesk@fpgins.com

SUBMISSION OF REQUIRED DOCUMENTS

- Copy may be submitted via email or online via our website,
- Original copy of required documents must be submitted via courier or personal delivery to the following address: 6th Floor Zuellig Building, Makati Avenue corner Paseo de Roxas Makati City, Philippines.

NOTES

- During the call/email you will be informed of the list of our accredited repair shops near your area or near your preferred location and the schedule of inspection;
- You will receive an email to update you regarding your claim;
- If you have queries regarding your claim, you may call our hotline (02) 8859 1200, (02) 8662 8600 , (02) 8771 8500, and (02) 7944 1300 or send it to PH-ClaimsServiceDesk@fpgins.com.

STANDARD REQUIREMENTS (FOR ALL TYPES OF CLAIM)

- Duly accomplished and signed FPG Insurance Claim Form;
- Copy of driver's license and OR of driver at the time of accident;
- Copy of certificate of registration and OR of insured unit;
- Copy of deed of sale if the name insured is different from the registered owner;
- If the damage/s incurred by your insured unit was caused by a third party OR you caused damages to a third party vehicle OR a third party vehicle/person is involved, submit certified true copy or original copy of police report with sworn statement;
- Optional - photographs of the insured unit showing the following
 - Front, back, left side & right side of insured vehicl (plate no./conduction shown);
 - Close-up photos of damaged parts.
- Optional - copy of repair estimate from FPG Insurance accredited shops.

ADDITIONAL REQUIREMENTS

THIRD PARTY PROPERTY DAMAGE (TPPD):

- Copy of TP driver's license and OR of driver at the time of accident;
- Copy of TP certificate of registration and OR of insured unit;
- Optional - photographs of TP unit showing the following:
 - Front, back, left side & right side of insured vehicle (plate no./conduction shown);
 - Close-up photos of damaged parts.
- Optional - copy of repair estimate from FPG Insurance accredited shops;
- Original copy of Certificate of No Claim from TP insurer.

THIRD PARTY BODILY INJURY (TPBI):

- Certified true copy or original copy of medical certificate;
- Copy of related hospital records, such as but not limited to laboratory test results, medical abstract, discharge summary, prescription slips, etc.;
- Original official receipts of medical expenses;
- Original copy of release of claim and/or affidavit of desistance signed by TP;
- In case of death, death certificate and proof of beneficiary such as NSO certified marriage certificate, birth certificate must be submitted;
- Copy of 1 valid ID with 3 specimen signature.

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 represents 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.