

Roadside Assistance Reimbursement Form

INSTRUCTIONS: Please fill-up this claim form accurately and legibly. This form, together with the Official Receipt (O.R.) & other pertinent documents must be submitted **within a period of not more than 90 days from the date of service or assistance was made.** Failure of the claimant to file and submit all necessary documents within the period given shall be deemed an abandonment of the claim. Only duly accomplished Claim Form with complete supporting documents shall be processed subject to final approval of the claims department of IBERO Asistencia.

TO BE FILLED UP BY CLAIMANT / INSURED

Claimant / Insured Name:

Telephone No.:

Mobile No.:

E-mail Address:

Company Name (for Corporate Account):

Assignee:

Mobile No.:

VEHICLE AND ASSISTANCE INFORMATION

Vehicle Plate No. / Conduction Sticker No.:

Date of Incident:

Make:

Model:

Insurance Policy / Card no.

Year Model:

Color:

Place of Assistance / Accident:

Delivered To:

Type of Service: ☐ TOWING ☐ ACCIDENT USING CRANE ☐ REPAIR ONSITE ☐ TRANSPORT SERVICE ☐ OTHERS _____

Service Provider:

Total Charges:

ACKNOWLEDGEMENT: This is to certify that all data/statements found herein and in any addendum annexed to this form are full, complete, and true to the best of my knowledge and belief. Any statement found to be inaccurate will deem my claim to be invalid and void.

AUTHORITY: I hereby authorize FPG Insurance and IBERO Asistencia, and its authorized representatives, to request and receive information, document, or record in connection with this roadside assistance claim, and such other matters related thereto.

RELEASE AND SUBROGATION: Payment received by me in relation to this roadside assistance claim shall constitute as full, final, and complete settlement. Upon receipt of payment, I/my heirs, myself/ourselves, my/our heirs, representatives, successors and assigns, do hereby release and forever discharge FPG INSURANCE CO., INC., with office address at 6/F Zuellig Building, Makati Avenue corner Paseo de Roxas, Makati City, Philippines, and IBERO ASISTENCIA SOCIEDAD ANONIMA SUCURSAL EN FILIPINAS, with office address at 4th floor ACE Building, Rada corner dela Rosa Streets, Legaspi Village, Makati City, Philippines, of and from all actions, claims, and demands whatsoever that now exist or may hereafter develop and particularly on account of all known, unknown, and unanticipated injuries and damages of whatever kind and nature, arising out of and in consequence of the subject matter of this roadside assistance claim.

DECLARATION: I/We hereby agree that this release shall be pleaded as a bar to any suit or proceeding which I/we or any one in my/our behalf may or may have taken in connection with the incident abovementioned; that the foregoing sum is voluntary accepted as full and final compromise, adjustment and settlement of all claims that may or may have been filed relative thereto; and that the payment of the said amount shall never be construed as an admission of liability by the party or parties hereby released.

Signature over Complete Name of Insured/Claimant

Date

FOR IBERO ASISTENCIA USE ONLY

DOCUMENTS SUBMITTED

- | | |
|---|---|
| <input type="checkbox"/> ORIGINAL OFFICIAL RECEIPT | <input type="checkbox"/> INCIDENT / POLICE REPORT |
| <input type="checkbox"/> COPY OF DRIVERS LICENSE | <input type="checkbox"/> AUTHORIZATION LETTER |
| <input type="checkbox"/> COPY OF VALID ID / COMPANY ID (IF CORPORATE OR REPRESENTATIVE) | |

Claim Outcome: ☐ APPROVED ☐ DENIED

Prepared by

Evaluated by

Approved by

Date:

Date:

Date:

Amount Approved:

EVALUATION

DATA PRIVACY STATEMENT: In submitting this form, I agree that the company shall use the details for the purposes of evaluating and administering roadside assistance reimbursements. I understand that my data will only be accessed by authorized personnel who will facilitate and manage any transaction with the company. All information is treated with absolute confidentiality and will not be used for purposes other than those approved.

FPG Insurance Co., Inc.

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