

Fortune General Insurance Corporation - Head Office : 4/F Citystate Centre, 709 Shaw Blvd., Pasig City Tel No. 706-39-59 Fax No. 706-39-83 Makati Evaluation Center : Tel No. 893-75-12 / 843-65-55 / 817-17-10

| MOTOR VEHICLE ACCIDENT REPORT FORM   |   |                 |                        |              |  |  |  |
|--|---|-----------------|------------------------|--------------|--|--|--|
| NOTE : TO BE ACCOMPLISHED BY THE USER OF THE VEHICLE AT THE TIME OF ACCIDEN' DOCUMENTS TO BE SUBMITTED:  |   |                 | Date<br>Accomplished : |              |  |  |  |
| <ol> <li>Photocopy of driver's license and O.R.</li> <li>Photocopy of registration certificate with current official receipt</li> <li>Police report and / or Affidavit of the driver/owner of the vehicle / Duly Accomplished Motor Car Accident Report form</li> <li>Repair estimate (optional)</li> <li>Pictures showing the plate number and damaged portions of the vehicle</li> <li>For bodily Injury or death Claims</li> <li>Hospital bills and receipts</li> <li>Death certificate</li> <li>Proof of affiliation with the beneficiary</li> </ol> |   |                 |                        |              |  |  |  |
| P.S. We reserve the ri   | ight to require submission of other documents to support the claim, if nece | essary.         |                        |              |  |  |  |
| Name of Insured  |   |                 |                        |              |  |  |  |
| Residence<br>Address   |   |                 | Tel. No.               |              |  |  |  |
| Office Address   |   |                 | Tel. No.<br>Mobile No. |              |  |  |  |
|  | INSURED VEHICLE   | l               |                        | THER VEHICLE |  |  |  |
| Registered Owner of Vehicle  |   |                 |                        |              |  |  |  |
| Residence<br>Address   |   |                 |                        |              |  |  |  |
| Make & Model   |   |                 |                        |              |  |  |  |
| Plate No.  |   |                 |                        |              |  |  |  |
| Name of Driver   |   |                 |                        |              |  |  |  |
| Residence<br>Address   |   |                 |                        |              |  |  |  |
| Telephone No.  |   |                 |                        |              |  |  |  |
| Relationship to the<br>Owner of the Vehicle  |   |                 |                        |              |  |  |  |
| License No.  |   |                 |                        |              |  |  |  |
| Issued   | Date/Place:   | Date/Place:     |                        |              |  |  |  |
| Insurer of Vehicle   |   |                 |                        |              |  |  |  |
| Policy No.   |   |                 |                        |              |  |  |  |
| Date of Accident :   |   | Time of Accider | nt :                   |              |  |  |  |
| Place of Accident:   |   |                 |                        |              |  |  |  |
| 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)   |   |                 |                        |              |  |  |  |
|  |   |                 |                        |              |  |  |  |
|  |   |                 |                        |              |  |  |  |
|  |   |                 |                        |              |  |  |  |
|  |   |                 |                        |              |  |  |  |
|  |   |                 |                        |              |  |  |  |
|  |   |                 |                        |              |  |  |  |

Signature of Driver-Adverse Vehicle

Signature of Driver-Insured Vehicle

| DAMAGE ON THE INSURED UNIT  ( Specify parts of vehicle damage and nature of damage )                               |                                      |                      |          |  |  |  |
|--|--------------------------------------|----------------------|----------|--|--|--|
|  | ( Specify р                          | arts or venicle dan  | nage and | a nature or damage )                                   |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
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|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  | P                                    | PERSON INJURE        | D/KILL   | 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  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
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|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          | e in this form are mine, true, correct, and            |  |  |
|  |                                      |                      |          | ny explicit consent to FGEN's Data Processing,         |  |  |
| Profilling, and  | d Sharing provisions as required u   | nder Republic Act 10 | )173 and | other applicable laws and regulations. I also agree to |  |  |
| FGEN"s Priva   | acy Policy.                          |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
| Sig  | Signature of Insured's Driver / Date |                      |          | Signature of Adverse Party's Driver / Date             |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      | <u> </u>             |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      | Signed in the        | presenc  | ce of  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      | _                    |          |  |  |  |
|  |                                      |                      |          |  |  |  |
| 0 1 " 1  |                                      |                      |          |  |  |  |
|  |                                      |                      |          | in<br>nce certificate nos.                             |  |  |
|  |                                      |                      |          |  |  |  |
| Issued at  |                                      | 011                  | on.      | and  |  |  |
| เจอนฮน สเ  |                                      |                      | UII      | ·  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
| Doc. No.   | Doc. No Notary Public                |                      |          |  |  |  |
| Page No.   | No Until December 31                 |                      |          |  |  |  |
| Book No.   | Book No Issued on                    |                      |          |  |  |  |
| Series of  |                                      |                      |          |  |  |  |
|  | <u>_</u>                             |                      |          |  |  |  |
|  |                                      |                      |          |  |  |  |
|  |                                      | FRAUD W              | VARNIN   | G  |  |  |
|  |                                      |                      |          |  |  |  |

"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."