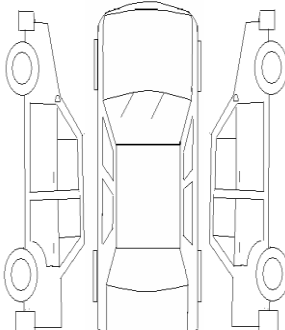
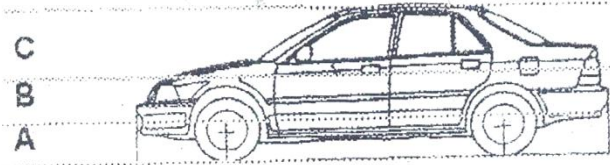
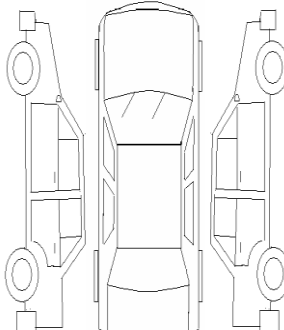


PLEASE READ THE REMINDERS ON THE 2nd PAGE.

Policy No.		Date of Loss	Time of Loss am / pm	Place of Loss	
Nature of Loss <input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party Property Damage / Injury	Weather Conditions <input type="checkbox"/> Fair <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Fog <input type="checkbox"/> Typhoon _____ <input type="checkbox"/> Others _____		Surface / Road Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Flooded up to _____ <input type="checkbox"/> Others _____		
Assured's Info			Third Party Info		
Driver's Name			Driver's Name		
Address			Address		
Driver's License No.	Lic. Type: <input type="checkbox"/> Prof. <input type="checkbox"/> N-Prof <input type="checkbox"/> Student <input type="checkbox"/> Foreign		Driver's License No.	Lic. Type: <input type="checkbox"/> Prof. <input type="checkbox"/> N-Prof <input type="checkbox"/> Student <input type="checkbox"/> Foreign	
Issue Date	Expiry Date	Issued at	Issue Date	Expiry Date:	Issued at
Restriction Code	Age	Sex	Restriction Code	Age	Sex
Owner's Name			Owner's Name		
Address			Address		
Contact Person	Tel. No. Email		Contact Person	Tel. No. Email	
Insured Vehicle Data			Third Party Vehicle Data		
Year,/ Make & Model / Color		Plate No.	Year,/ Make & Model / Color		Plate No.
Orig. Purchase Date	<input type="checkbox"/> 1st owner <input type="checkbox"/> 2 nd , 3 rd owner, etc Acquired from:		Orig. Purchase Date	<input type="checkbox"/> 1st owner <input type="checkbox"/> 2 nd , 3 rd owner, etc Acquired from:	
Motor No.	Chassis No.		Insurance Company	Coverage : <input type="checkbox"/> CTPL Only <input type="checkbox"/> Comprehensive <input type="checkbox"/> Both	
Mortgagee / Financing			Policy No.	Coverage Period: From: _____ To: _____	
Vehicle used for : <input type="checkbox"/> Private <input type="checkbox"/> Business _____ <input type="checkbox"/> For Hire <input type="checkbox"/> Others _____					
(Insured Unit)		Please CHECK appropriate situation/s		(Third Party Unit)	
<input type="checkbox"/> Parked <input type="checkbox"/> Slowing down to stop <input type="checkbox"/> Rear end collision <input type="checkbox"/> Swerved to left / Right <input type="checkbox"/> Reversing <input type="checkbox"/> Overturned <input type="checkbox"/> Hit Pedestrian / animal <input type="checkbox"/> Others : _____		<input type="checkbox"/> Stopped <input type="checkbox"/> Head on collision <input type="checkbox"/> Sideswiped <input type="checkbox"/> Overtaking <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Turning left / right <input type="checkbox"/> Hit object in / off road		<input type="checkbox"/> Parked <input type="checkbox"/> Slowing down to stop <input type="checkbox"/> Rear end collision <input type="checkbox"/> Swerved to left / Right <input type="checkbox"/> Reversing <input type="checkbox"/> Overturned <input type="checkbox"/> Hit Pedestrian / animal <input type="checkbox"/> Others : _____	
Narration: (please state reason for journey, origin and destination, cause of accident, party at fault) _____ _____ _____ _____					
... (continue on page 2)					
Shade damaged portions		For flooded vehicles		Shade damaged portions	
Left Front Right 		 <input type="checkbox"/> Roof level C <input type="checkbox"/> Dashboard level B <input type="checkbox"/> Floor level A		Left Front Right 	
Type of damage: <input type="checkbox"/> dent/s <input type="checkbox"/> scratches <input type="checkbox"/> puncture <input type="checkbox"/> crack <input type="checkbox"/> others _____ _____ _____		1. Current Location: _____ 2. Unit's condition when it was flooded: 2.1. Unit was running thru flooded area: [] Yes [] No 2.1.1. Did the engine knock off when it suffered inundation? [] Yes [] No 2.1.2. Did you disengage the battery terminal? [] Yes [] No 2.1.3. If you shut down the engine, did you try to re-start it again? [] Yes [] No 2.2. Unit was parked. 2.2.1. Physical condition of the unit while it was parked (Normal, slant {upward or downward} or flip): _____ 2.2.2. Did you disengage the battery terminal? [] Yes [] No 2.2.3. Did do try to re-start the engine? [] Yes [] No 3. With Mud? [] Yes [] No 4. Time/Duration of Submersion: _____ 5. Was vehicle swept by flood waters: [] Yes [] No a. Original Location: _____ b. Swept where: _____ 6. Is the location of the unit passable? [] Yes [] No 7. Preferred Repairer _____		Type of damage: <input type="checkbox"/> dent/s <input type="checkbox"/> scratches <input type="checkbox"/> puncture <input type="checkbox"/> crack <input type="checkbox"/> others _____ _____ _____	
Insured unit				Third Party unit	

... (continue on page 2)

Third Party unit

Signature over Printed Name
Insured / Authorized Driver (Insured Unit)

Name of Traffic Officer / Witness

Signature over Printed Name
Authorized Driver (Third Party Unit)

Standard Insurance Tower, 28/F Petron Megaplaza Bldg. 358 Sen. Gil Puyat Avenue, Makati City . Trunk line +632-988-6388



(Pages 1 and 2 should be completed fully and returned immediately)

Policy No.: _____ Insured Name : _____
Insured Vehicle / Plate No.: _____ Date of Loss : _____

Narration (continuation)	Sketch of Accident – please indicate roads and landmarks

[illegible]

Basic Claim Requirements:

1. Insurance Policy and the Official Receipt of Premium Payment
2. Policy Endorsements, if any
3. Clear photocopies of the Car Registration and Official Receipt
4. Police Report &/or Duly Notarized Driver's Affidavit &/or Fully Accomplished SICI Motor Incident Report Form
5. Clear photocopies of the Driver's License and Official Receipt
6. Assured's Government Issued Identification/ Community Tax Certificate
7. Duly Notarized Original Board Resolution or Secretary's Certificate (if corporation)

Reminders

- Standard Insurance reserves the right to request additional documents during processing of the claim.
- The issuing of this form is not an admission of liability on the part of the Standard Insurance.
- Incomplete information may delay the processing of the claim.
- Do not proceed with repairs without Standard Insurance's permission.
- For flooded vehicles
 - Disconnect Battery
 - DO NOT start engine
 - Remove important documents and personal effects in the car
 - Immediately REPORT to Standard Insurance to schedule inspection of the vehicle.
 - Tow to an SICI accredited Dealer or Repairer capable of doing electrical or electronic diagnosis and repair

Declaration

I / We declare that :

1. All information given and statements made are true and correct.
2. Failure on my/our part to provide full, correct and truthful information may be a ground for delay or denial of my/our claim.
3. If I / we received any communication in any way connected with the accident, I/we shall forward it immediately to Standard Insurance.

Signature over printed name Insured / Authorized Driver of Insured Unit (Affiant)	Date	Signature over printed name Standard Insurance Authorized Personnel (if present during completion of this form)	Date
---	------	---	------

REPUBLIC OF THE PHILIPPINES)
_____)s.s.
X-----X

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines. Affiant exhibiting to me his/her Government Issued Identification Card No. _____ issued on _____ at _____.

Notary Public

Doc. No. _____:
Page No. _____:
Book No. _____:
Series of _____: