## *Automobile Accident Claim Form*

**CLAIM FORM**

**Filing by the assured / claimant of this claim form is for purposes of claim evaluation only and does not constitute admission of liability by Western Guaranty Corp. We reserve the right to request for additional document(s), if need be.**

**GENERAL REQUIREMENTS**

Photocopies of the following: 1) Duly accomplished and signed automobile accident claim form; 2) Policy schedule; 3) Certificate of registration and O.R.; 4) Driver's license and O.R.

Original copy of police report and / or notarized affidavit

If registered owner differs from the name of the insured, please attach copy of deed of sale and / or policy endorsement.

NAME OF ASSURED _____ (*Last Name*) _____ (*First Name*) _____ (*Middle Initial*)

POLICY NO. _____ WGC Employee? ☐ Yes ☐ No

RESIDENCE ADDRESS
Street _____
_____
Province / City _____ Zip Code _____
TELEPHONE NO. _____ FAX NO. _____
E-MAIL ADDRESS _____

BUSINESS ADDRESS
Street _____
_____
Province / City _____ Zip Code _____
TELEPHONE NO. _____ FAX NO. _____
E-MAIL ADDRESS _____

**INSURED VEHICLE**

*Mark the damaged area.*

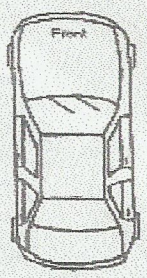



PLATE NO. _____
MAKE _____
YEAR / MODEL _____
REGISTERED OWNER _____
ADDRESS _____
_____
TELEPHONE NO. _____
DRIVER'S NAME _____
LICENSE NO. _____
ADDRESS _____
_____
TELEPHONE NO. _____
RELATION TO ASSURED _____

**THIRD PARTY VEHICLE**

*Mark the damaged area.*

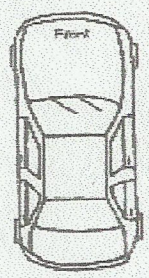
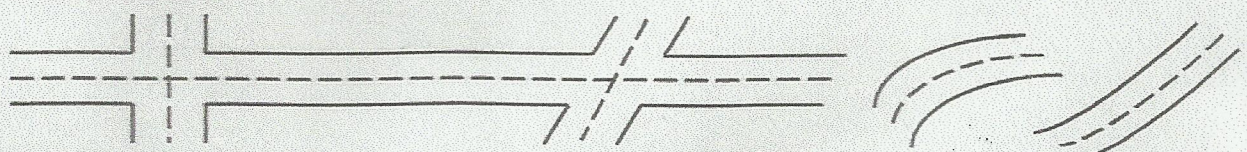



PLATE NO. _____
MAKE _____
YEAR / MODEL _____
REGISTERED OWNER _____
ADDRESS _____
_____
TELEPHONE NO. _____
DRIVER'S NAME _____
LICENSE NO. _____
ADDRESS _____
_____
TELEPHONE NO. _____
INSURANCE CARRIER _____

**BRIEF DETAILS OF THE ACCIDENT**

DATE (*MM/DD/YYYY*) _____ TIME _____ PLACE _____

**SKETCH OF THE ACCIDENT**



**I / We hereby declare that the above statements and facts are true and correct, and that I / we have not withheld from Western Guaranty any if information within my / our knowledge connected with the abovementioned accident.**

**IN WITNESS THEREOF, I have hereunto signed this Accident Report Form this _____ day of _____ at the City of _____, Philippines.**

_____
**PRINTED NAME AND SIGNATURE OF ASSURED**