

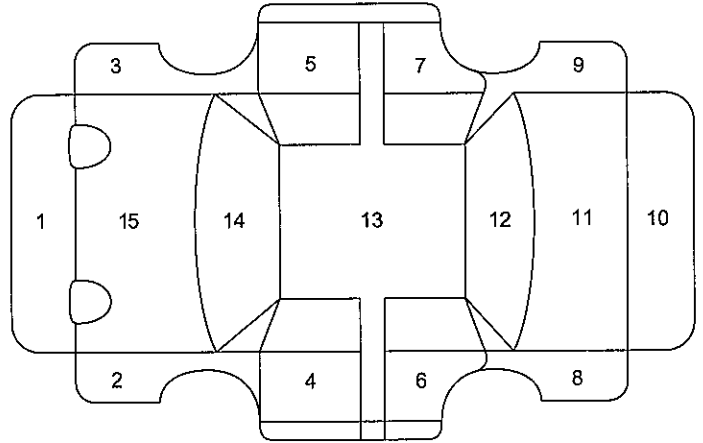
**To: Malayan Insurance**  
 A YGC Member  
 Yuchengco Building, 484 Quintin Paredes Street, 1006 Binondo, Manila  
 P.O. Box 3389 • CPO 1099 Manila, Philippines  
 Tel. No. : 242-8888 • Fax No. : 242-2222  
 Website: http://www.malayan.com • E-mail: malayan@malayan.com

Date : \_\_\_\_\_

Name of Policy Holder : \_\_\_\_\_ Contact Nos. : \_\_\_\_\_  
 Home/Office Address : \_\_\_\_\_  
 Insured Vehicle's Plate No. \_\_\_\_\_ Yr. Model \_\_\_\_\_ Brand \_\_\_\_\_ Type \_\_\_\_\_

**STATEMENT OF CLAIM**

( Please answer all items fully to avoid delay )

Date and time of the incident	
Site of the incident <i>(specify the name of the street and nearest street corner or business establishment/landmark)</i>	
Name of the driver at the time of the incident	
Address and Contact No. of the driver	
Driver's relation to the Policy holder	
Encircle the number corresponding to the damaged portion/s of the Insured Vehicle caused by the Incident	
	Others : _____
Briefly state how the incident occurred	

PLEASE SIGN AT THE BACK

**IN CASE COLLISION IS WITH ANOTHER VEHICLE**

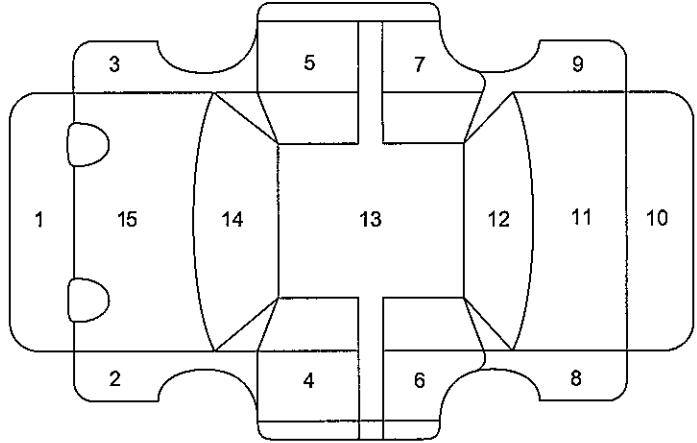
Name of the Driver of the other Vehicle	
Address and Contact No. of the Driver of the other vehicle	
Name of the Registered Owner of the other Vehicle	

CONTINUE AT THE BACK

Address and Contact No. of the Registered Owner of the other Vehicle \_\_\_\_\_

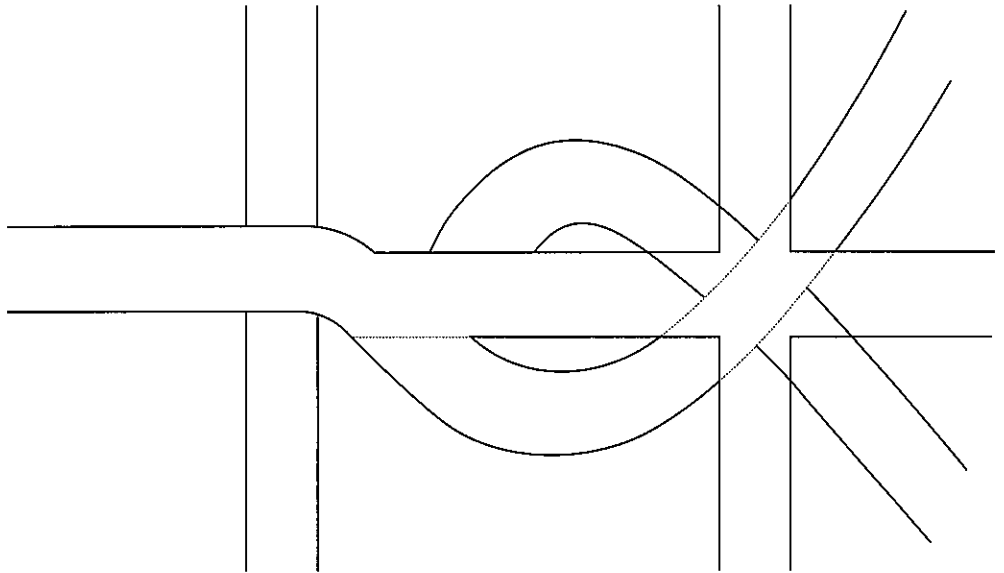
Other Vehicle's Plate No. \_\_\_\_\_ Yr. Model \_\_\_\_\_ Brand \_\_\_\_\_ Type \_\_\_\_\_

Encircle the number corresponding to the damaged portion/s of the other Vehicle caused by the Incident



Others : \_\_\_\_\_

Sketch the position of all involved vehicles relative to each other and the road at the time of collision ( Wide angled photos of the vehicles at the accident site is acceptable in lieu of the sketch)



Have you entered into any agreement for the settlement of the subject incident and/or received any consideration in connection therewith?

\_\_\_\_\_

*I hereby declare and warrant the following: a.) the preceding statement of facts are true to my personal knowledge; b.) all documents submitted are authentic/duly executed, and/or faithful reproduction of the original; c.) I understand that any misrepresentation relative to the foregoing is a valid ground for the denial of the subject claim, cancellation of the policy, as well as, criminal prosecution under the law; and d.) I am authorized to attest and affirm the foregoing;*

\_\_\_\_\_  
Signature of the Driver of the Insured Vehicle

\*SUBSCRIBED AND SWORN to before me this \_\_\_\_<sup>th</sup> day of \_\_\_\_\_, 200\_\_ at \_\_\_\_\_, affiant with Community Tax Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_ 200\_\_.

Doc. No. \_\_\_\_\_ ;  
Page No. \_\_\_\_\_ ;  
Book No. \_\_\_\_\_ ;  
Series of 200 \_\_\_\_.

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