ABIC MOTOR CLAIM FORM

ALLIEDBANKERS INSURANCE CORPORATION
The Non-Life Insurance Company of the Lucio Tan Group

DESCRIPTION OF ACCIDENT OR LOSS

Policy No. :

Claim No. :

Date of Loss : D D M M Y Y Y Y

Nature of Loss ☐ Own Damage ☐ 3rd Party Property Damage ☐ Acts of Nature

Time of Loss : : AM / PM

Place of Loss

VEHICLE A / ASSURED DETAILS

Driver's Name :

Relationship with the Assured :

Address :

Mobile No. :

Driver's License No. :

Type : ☐ Pro ☐ N-Pro ☐ Student

Issue Date : Expiry Date :

Restriction Code : Age : Sex :

Owner's Name :

Address :

Mobile No. :

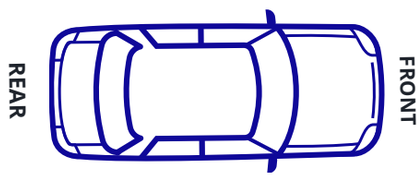
VEHICLE INFORMATION

Year Model & Make :

Plate No. : Original Purchase Date :

Motor No. : Serial No. :

PLEASE INDICATE DAMAGED AREAS



VEHICLE B / 3RD PARTY DETAILS

Driver's Name :

Address :

Mobile No. :

Driver's License No. :

Type : ☐ Pro ☐ N-Pro ☐ Student

Issue Date : Expiry Date :

Restriction Code : Age : Sex :

Owner's Name :

Address :

Mobile No. :

VEHICLE INFORMATION

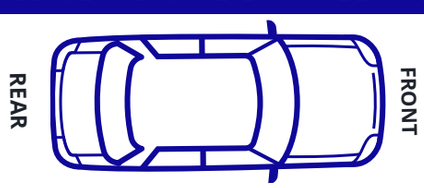
Year Model & Make :

Plate No. : Original Purchase Date :

Motor No. : Serial No. :

TPPD Insurance :

PLEASE INDICATE DAMAGED AREAS



DAMAGED PROPERTY (IF NON-VEHICLE)

Owner of Property :

Owner's Address :

Owner's Mobile No. :

Location of Property :

Type of Property :

SKETCH OF ACCIDENT

NARRATION

Authorized Driver's Signature (Vehicle A)

Traffic Officer on Scene (if any)

Authorized Driver's Signature (Vehicle B)

Alliedbankers Insurance Corporation
17/F Federal Tower Bldg., Dasmariñas St., Brgy. 282 San Nicolas, Manila

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