

CLAIMS DOCUMENT CHECKLIST (Motor Car)

INSURED	THIRD PARTY (TP)	RECOVERY
<p>A. PARTIAL LOSS/TOTAL LOSS/ THEFT OF ACCESSORIES</p> <p><input type="checkbox"/> Claimant's Incident Report (UCPB GEN form to be accomplished by the Insured)</p> <p><input type="checkbox"/> Pictures of Damage</p> <p><input type="checkbox"/> Police Report and/or Driver's Affidavit</p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Stencils of Motor and Serial No.</p> <p><input type="checkbox"/> Copy of Insurance Policy</p> <p><input type="checkbox"/> Copy of OR or Proof of Premium Payment</p> <p>B. CARNAP</p> <p><input type="checkbox"/> Certificate of Non-Recovery</p> <p><input type="checkbox"/> Alarm Sheet</p> <p><input type="checkbox"/> Complaint Sheet</p> <p><input type="checkbox"/> Police Report</p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Copy of Policy</p> <p><input type="checkbox"/> Copy of OR of Premium Payment</p> <p>C. BODILY INJURY Note: In addition to item A above</p> <p><input type="checkbox"/> Original Medical Receipts /OR</p> <p><input type="checkbox"/> Medical Certificate</p> <p>OTHERS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>A. VEHICLE</p> <p style="text-align: center;"><u>TP Claimant</u></p> <p><input type="checkbox"/> Repair Estimate</p> <p><input type="checkbox"/> Pictures of Damage</p> <p><input type="checkbox"/> Certificate of No Claim or CTPL Policy</p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p style="text-align: center;"><u>Insured</u></p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Driver's Affidavit</p> <p>B. PROPERTY DAMAGE</p> <p style="text-align: center;"><u>TP Claimant</u></p> <p><input type="checkbox"/> Quotation of Repair Estimate</p> <p><input type="checkbox"/> Pictures of Damage</p> <p style="text-align: center;"><u>Insured</u></p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Driver's Affidavit</p> <p>C. BODILY INJURY</p> <p style="text-align: center;"><u>TP Claimant</u></p> <p><input type="checkbox"/> Original Medical Receipts /OR</p> <p><input type="checkbox"/> Medical Certificate</p> <p style="text-align: center;"><u>Insured</u></p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Driver's Affidavit</p> <p>OTHERS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>A. FOR RECOVERY PURPOSES</p> <p>NOTE: If Insured was reportedly bumped by a third party, Insured has to provide the following documents of party at fault:</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Copy of Insurance Policy</p> <p><input type="checkbox"/> Copy of TIN and SSS ID</p> <p><input type="checkbox"/> Contact Number</p> <p>B. RECOVERY OF OTHER INSURANCE COMPANY</p> <p>NOTE: Insurance company has to submit their claim documents:</p> <p><input type="checkbox"/> Release of Claim</p> <p><input type="checkbox"/> Payment Voucher</p> <p><input type="checkbox"/> Policy of Adverse Party</p> <p><input type="checkbox"/> Registration Certificate and OR</p> <p><input type="checkbox"/> Driver's License and OR</p> <p><input type="checkbox"/> Pictures of Damage</p> <p><input type="checkbox"/> Repair Estimate / Computation of Liability</p> <p><input type="checkbox"/> Letter of Authority</p> <p>OTHERS</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Date of Completion of Documents