



**Sketch of the Accident:**

(Please sketch the full details: street name, curbs, corners, position of the vehicles involved after impact and mark point/s of impact.)

Signature of Driver-Insured Vehicle	Signature of Driver-Adverse Vehicle
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Property/ies involved other than the insured vehicles	
Owner of the Property	
Address	
Brief Description of damage/s sustained:	

If in case there shall be person/s or victim/s injured in an accident, please secure following information and details:			
Name	Address	Age	Remarks

I/We hereby declare that the above statements and facts are true and correct, and that I/We have not withheld from the company any information within my/our knowledge connected with the above-mentioned accident.

_____ Assured's Signature/Date	_____ Signature of Adverse Party's Driver/Date
_____ Driver's Signature/Date	

Signed in the presence of	
_____	_____
SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ IN _____ AFFIANTS EXHIBITING TO ME THEIR RESIDENCE CERTIFICATE NOS. _____ ISSUED AT _____ ON _____ AND _____ ISSUED AT _____ ON _____.	
Doc. No. _____ Page No. _____ Book No. _____ Series of _____	NOTARY PUBLIC Until December 31 _____ PTR NO. _____ Issued on _____ At _____