



## Motor Vehicle Accident Report Form

Claim No.
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**Important Notice:** This form is to be accomplished by the Assured and the one driving the unit at the time of accident. It is required that all information, as applicable, is indicated in the space provided for. Your insurer, BPI/MS Insurance Corporation, **must be immediately notified** after the accident with this form fully accomplished and submitted. (Please refer to your **Motor Claims Guide** for other information)

		Date Accomplished	
Name of Insured		Policy No.	
Residence Address		Home Phone No.	
Mailing Address		Office Phone No.	
Email Address:		Mobile No.	
	<b>INSURED VEHICLE</b>	<b>ADVERSE VEHICLE</b>	
Registered Owner of Vehicle			
Make & Model			
Plate No.			
Name of Driver			
Address			
Tel No.			
Relation to owner of vehicle			
License No.			
Issued:	Date/Place:	Date/Place:	
Insurer of Vehicle			
Policy No.			
<b>Brief description of point/s of impact</b>		<b>Brief description of point/s of impact</b>	
<b>DETAILS OF THE ACCIDENT</b>	<b>Date:</b>	<b>Time:</b>	
<b>Place:</b>			
<b>Facts:</b>			

<b>Sketch of the Accident:</b>			
(Please sketch the full details: street name, curbs, corners, position of the vehicles involved after impact and mark point/s of impact)			
<b>Signature of Driver-Insured Vehicle</b>		<b>Signature of Driver-Adverse Vehicle</b>	
Property/ies involved other than the insured vehicles			
Owner of the Property			
Address			
Brief description of damage/s sustained:			
<b>If in case there shall be person/s or victim/s injured in an accident, please secure the following information and details:</b>			
Name	Address	Age	Remarks

**Pursuant to IC Circular Letter No. 50-2016, Section 5: Fraud Warning**

*“Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.”*

**Data Privacy.** Pursuant to the foregoing Claim, I consent to the collection, use, processing and transfer of my personal data as described in this paragraph. I understand that the Company and/or its related companies hold certain personal information about me (including my name, address and telephone number, date of birth, social security number, tax identification number, etc.) for the purpose of processing my/ the Claim. I also understand that the Company may transfer this Data amongst its related companies as necessary for the purpose of processing, administering and managing my/ the Claim, and that the Company may also transfer this Data to any third parties assisting the Company in the processing, administration and management of the Claim. I authorize them to receive, possess, use, retain and transfer the Data, in electronic or other form, for these purposes. I also understand that I may, at any time, review the Data, require any necessary changes to the Data or withdraw my consent in writing by contacting the Company. I further understand that withdrawing my consent may substantially affect my ability to further process and collect on my/ the Claim.

I/We hereby declared that the above statements and facts are true and correct, to the best of my knowledge and belief 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: _____ _____	
SUBSCRIBE 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 _____