



## Motor Vehicle Accident Report Form

Claim No.

**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>				

**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." Page | 1*

<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

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	

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

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