

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) <input type="checkbox"/> Pictures of Damage <input type="checkbox"/> Police Report and/or Driver's Affidavit <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Driver's License and OR <input type="checkbox"/> Stencils of Motor and Serial No. <input type="checkbox"/> Copy of Insurance Policy <input type="checkbox"/> Copy of OR or Proof of Premium Payment</p> <p>B. CARNAP</p> <p><input type="checkbox"/> Certificate of Non-Recovery <input type="checkbox"/> Alarm Sheet <input type="checkbox"/> Complaint Sheet <input type="checkbox"/> Police Report <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Driver's License and OR <input type="checkbox"/> Copy of Policy <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 <input type="checkbox"/> Medical Certificate</p>	<p>A. VEHICLE</p> <p><i>TP Claimant</i></p> <p><input type="checkbox"/> Repair Estimate <input type="checkbox"/> Pictures of Damage <input type="checkbox"/> Certificate of No Claim or CTPL Policy <input type="checkbox"/> Registration Certificate and OR <i>Insured</i> <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Driver's License and OR <input type="checkbox"/> Driver's Affidavit</p> <p>B. PROPERTY DAMAGE</p> <p><i>TP Claimant</i></p> <p><input type="checkbox"/> Quotation of Repair Estimate <input type="checkbox"/> Pictures of Damage <i>Insured</i> <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Driver's License and OR <input type="checkbox"/> Driver's Affidavit</p> <p>C. BODILY INJURY</p> <p><i>TP Claimant</i></p> <p><input type="checkbox"/> Original Medical Receipts /OR <input type="checkbox"/> Medical Certificate <i>Insured</i> <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Driver's License and OR <input type="checkbox"/> Driver's Affidavit</p> <p>OTHERS</p> <hr/> <hr/> <hr/> <hr/>	<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 <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Copy of Insurance Policy <input type="checkbox"/> Copy of TIN and SSS ID <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 <input type="checkbox"/> Payment Voucher <input type="checkbox"/> Policy of Adverse Party <input type="checkbox"/> Registration Certificate and OR <input type="checkbox"/> Driver's License and OR <input type="checkbox"/> Pictures of Damage <input type="checkbox"/> Repair Estimate / Computation of Liability <input type="checkbox"/> Letter of Authority</p> <p>OTHERS</p> <hr/> <hr/> <hr/> <hr/>

Date of Completion of Documents