



Motor Claim Form

FOR OFFICE USE ONLY

Claim Reference Number

Policy Number

Your claim is important to us. Here are important notes for a seamless evaluation of your request:

1. This form is to be accomplished by the Claimant in **BLOCK LETTERS**.
2. All fields are mandatory unless stated otherwise.
3. Submit the complete requirements listed in Section 1 within 30 days from the insured event via email at oneclaims@axa.com.ph. You may also submit these to your Financial Partner or the nearest AXA branch.
4. If submission is via email, please ensure that the documents are in PDF or ZIP format and do not exceed 10 attachments and a total file size of 20 MB.
5. Do not sign on a blank form.

No fees, commissions, or charges of whatever nature are payable to Financial Partners or Employees of the Company with respect to this claim.

1. Claim Requirements

For Own or Third Party Damage

- ☐ **Completed Motor Claim Form, Police Report, or Notarized Affidavit/Facts of Accident**
- ☐ Photocopy of **Certificate of Registration with the Official Receipt**
- ☐ Photocopy of **Driver's License with the Official Receipt**
- ☐ **Pictures of Vehicle Damages**
- ☐ **Repair Estimate**
- ☐ **Certificate of No Claim from Third Party Insurer** (if with third party vehicle involved)
- ☐ **Authorization Letter for Vehicle Use**
(if another person other than the Insured drove the vehicle at the time of accident)

For Bodily Injury or Death (Third Party)

- ☐ **Completed Motor Claim Form, Police Report, or Notarized Affidavit/Facts of Accident**
- ☐ **Medical Certificate** - stating the diagnosis and treatment of the Attending Physician
- ☐ **Hospital Bill** or **Statement of Account (SOA)**
- ☐ **Medical Receipts**
- ☐ **Release of Claim/Notarized Copy of Affidavit of Desistance**
- ☐ **Valid ID of the Claimant** - actual ID/s must be presented and photocopy/ies submitted
(At least one (1) must be government-issued and shows date of birth, signature, and photo)

Additional for Death Claim

- ☐ **Death Certificate** - issued by the Philippine Statistics Authority (PSA) or Local Civil Registry
- ☐ **Birth Certificate** - issued by the Philippine Statistics Authority (PSA) or Local Civil Registry
- ☐ **Funeral/Burial Expenses**

FOR OFFICE USE ONLY

This serves as an acknowledgement receipt and initial advice of claims requirements if initialized.

Date Received:

Time Received:

Receiving Dept./Office:

FOR WITNESS ONLY

This section is to be accomplished by the AXA Representative who validated the identity of claimant and authenticated the documents received.

Full Name:

Designation/Branch:

Date and Signature:

Notes:

The Company reserves the right to ask for additional documents as deemed necessary. Submit the complete requirements to AXA Philippines as soon as possible to avoid delays in the processing or denial of your claim.

The request for submission of supporting documents should not be construed as an admission of liability on our part, neither shall it waive, invalidate, forfeit, or modify any of our rights under the terms and conditions of the policy under which you are filing a claim for indemnity.

Claims requests are processed within three (3) working days for amounts PHP 50,000 and below and a maximum of 24 days for amounts above PHP 50,000 upon completion of the requirements.

2. Assured's Details

Full Name of Assured (Last Name, First Name, Middle Name)

Date of Birth (MM/DD/YYYY)

Place of Birth

| | | | |
|---|--|---|---|
| Sex <input type="radio"/> Male <input type="radio"/> Female | Nationality <input type="text"/> | Type of Valid ID <input type="text"/> | Valid ID No. <input type="text"/> |
| TIN/SSS/GSIS Number <i>of Assured or Authorized Representative</i> | Email Address | Mobile No. | Home Phone No. (Optional) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i> | | | |
| <input type="text"/> | | | |
| Source of Fund | | | |
| <input type="radio"/> Employment Income <input type="radio"/> Business Income <input type="radio"/> Others: <input type="text"/> | | | |
| Is the Assured or their immediate family/close associate a Politically Exposed Person (PEP)? <input type="radio"/> Yes <input type="radio"/> No <i>A PEP is an individual who is or has been entrusted with prominent public position in (a) the Philippines with substantial authority over policy, operations, or the use or allocation of government-owned resources; (b) a foreign State; or (c) an international organization.</i> | | | |

3. Insured Vehicle's Information

| | | | |
|--|---------------------------|----------------------|----------------------|
| Year Model | Make | Type | Engine No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registered Owner (Last Name, First Name, Middle Name) | Serial/Chassis No. | Plate No. | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |

4. Driver's Information (to be filled out ONLY if the driver is other than the Insured)

| | | | |
|--|----------------------|----------------------|---|
| Full Name of Driver (Last Name, First Name, Middle Name) | Age | License Type | License No. |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i> | | | License Expiry Date <i>MM/DD/YYYY</i> |
| <input type="text"/> | | | <input type="text"/> |
| Who authorized the driver to use the vehicle? <input type="text"/> <i>If the driver at the time of accident is not the Assured</i> | | | |
| Is the driver an employee of the Assured? <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, please provide nature of relationship with the Assured:</i> <input type="text"/> | | | |

5. Details of the Accident or Loss

| | | |
|--|--|----------------------------------|
| Date of Accident or Loss (MM/DD/YYYY) | Time of Accident or Loss (HH:MM) | Place of Accident or Loss |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Weather during the Accident or Loss | Full Name of Police Authority (Last Name, First Name, Middle Name) <i>if accident or loss was reported</i> | |
| <input type="radio"/> Clear <input type="radio"/> Poor Visibility <input type="radio"/> Raining <input type="radio"/> Others (please specify): <input type="text"/> | <input type="text"/> | |

6. Additional Details

Nature of Business

Purpose of Use of the Vehicle

Is the vehicle being used for hire or rent?

☐ Hire ☐ Rent ☐ Others (please specify):

Is the vehicle registered in PAMI or as a TNVS in LTFRB?

Direction of the vehicle during the accident

☐ PAMI ☐ TNVS ☐ Others (please specify):

Speed rate of the vehicle during the accident

Cause of Collision

Direction of other party's vehicle during the accident

Speed rate of other party's vehicle during the accident

Party at fault (if any)

Settlements made with other party's vehicle (if any)

7. Reason for Late Filing (if notice of claim was filed beyond six months from the date of accident/loss)

Please state the reason(s) for the delay in notifying and submitting the claim form.

8. List of Affected Persons (other than the Driver)

| Name <small>Last Name, First Name, Middle Name</small> | Age | Address | | Tick box if injured |
|---|-----|---------|---|--------------------------|
| | | | <input type="checkbox"/> Passenger of Insured Car <input type="checkbox"/> Passenger of Other Car <input type="checkbox"/> Pedestrian | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Passenger of Insured Car <input type="checkbox"/> Passenger of Other Car <input type="checkbox"/> Pedestrian | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Passenger of Insured Car <input type="checkbox"/> Passenger of Other Car <input type="checkbox"/> Pedestrian | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Passenger of Insured Car <input type="checkbox"/> Passenger of Other Car <input type="checkbox"/> Pedestrian | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Passenger of Insured Car <input type="checkbox"/> Passenger of Other Car <input type="checkbox"/> Pedestrian | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Passenger of Insured Car <input type="checkbox"/> Passenger of Other Car <input type="checkbox"/> Pedestrian | <input type="checkbox"/> |

Where was the injured person/s taken?

Who took care of the injured person/s?

9. Description of Damage/s to Vehicle of Assured

| Part/s Damaged | Description | Extent of Damage/s |
|----------------|-------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Current Location of Vehicle

10. Description of Third Party Vehicle

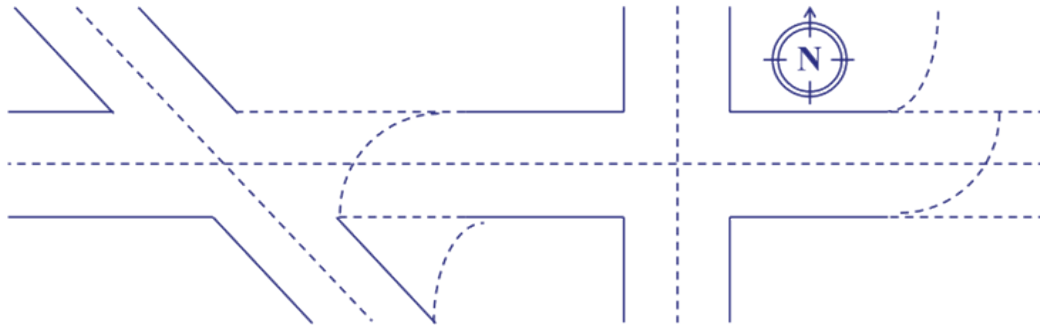
| | |
|---|---|
| Full Name of Third Party Vehicle’s Owner <i>Last Name, First Name, Middle Name</i> | Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i> |
| | |
| Full Name of Third Party Vehicle’s Owner <i>Last Name, First Name, Middle Name</i> | Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i> |
| | |
| Name of Third Party Insurer <i>Last Name, First Name, Middle Name</i> | Contact Details |
| | |
| Name of Third Party Insurer’s Contact Person <i>Last Name, First Name, Middle Name</i> | Contact Details |
| | |
| Type of Third Party Vehicle <i>If Motor Car, please indicate Year Model, Make, and Plate Number</i> | Nature and Extent of Damage |
| | |
| | Is the Other Party insured? <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, what company?</i> |
| | |

11. List of Independent Witness/es

| Name <i>Last Name, First Name, Middle Name</i> | Residence/Present Address <i>Unit/Floor Number, Building Name, Street, Barangay, City, and Province</i> | Contact Details |
|---|--|-----------------|
| | | |
| | | |
| | | |

12. Sketch of Accident

Please indicate your vehicle as "A" and other vehicle as "B"; provide street names, direction, position of vehicle/s, and other concerned object/s or property/ies



13. Brief Description of Accident or Loss

Please indicate your vehicle as "A" and other vehicle as "B."

14. Payment Instructions for Total Loss and Cash Settlement (Choose 1 of 2 options)

Please fill out the following data fields and submit the proof of account of your chosen payment method (Bank Passbook, Bank Certificate / Statement of Account, or Screenshot of the verified GCash Profile showing the account number and account owner's name)



FUND TRANSFER (Applicable for Peso-denominated and Dollar-denominated policies)

Reminder: Fund transfer is only allowed to the bank account of the Policy Owner. Please provide a proof of bank account in the same currency as the policy currency (e.g. USD proof of account is required for USD policy currency).

REQUEST FOR DIRECT CREDIT TO BANK ACCOUNT**Account Type**☐ Peso ☐ Dollar**Bank Name**☐ Metrobank ☐ Others: _____**Account Number of Payee**

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Branch Name

Branch Address

Branch Code

Swift Code (for Non-Metrobank)

Account Name of Payee

*Additional for International Wire Transfer***Routing/IBAN Number (if any)**

Recipient Policy Owner's Complete Address Abroad

☐ **GCASH TRANSFER** (Applicable only for Peso-denominated policies)

Reminder: Credit to GCash is applicable up to Php 10,000 only. Bank charges may apply and will be deducted from the proceeds. Please ensure that the amount to be credited is within the incoming transaction limit.

Account Name

11-Digit Mobile No. (Example: 091XXXXXXX)

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

15. Authorization

Where applicable. I authorize any local government entity for verification of documents like the Land Transportation Office, Philippine National Police, Transportation Franchising and Regulatory Board hospital physician, or another person who has attended or examined me to furnish to AXA Philippines or its Authorized Representative any information to any injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

16. Declarations and Agreement

I hereby declare and agree that:

- Before signing this Claim Form, I have carefully read, understood, and agree with all the instructions and questions that are written. I also acknowledge and confirm that all statements and details provided in this Claim Form are, to the best of my knowledge and belief, accurate, complete, and true, correctly recorded, and shall form part of and be the basis of claim assessment and approval.
- Any personal information collected or held by AXA Philippines, whether contained in the application/s or otherwise, may be utilized, stored, disclosed, transferred (whether within or outside the Philippines) to individuals, organizations, corporations, or entities as AXA Philippines may consider necessary, including but not limited to any of its affiliated or related companies, within or outside the Philippines:
 - to process and deal with my claims request;
 - to provide all services related to said request; and
 - to communicate with me for any purpose and/or to comply with the laws of any applicable jurisdiction including but not limited to Insurance Commission rules and regulations, the Anti Money Laundering Act, and the Data Privacy Act.
- I have the right to access my personal information at any time; correct or rectify any information collected or held by AXA Philippines which are inaccurate, false, or incomplete; object in case of any unauthorized collection; erase or block information which is incomplete, outdated, or false; and such other rights as may be available under the Data Privacy Act. Such requests must be made in writing and submitted to AXA Philippines.
- The proceeds of this application/policy are deposited to the aforementioned account, it shall be considered as a direct payment to me, and I shall hold AXA Philippines, its successors-in-interests and assigns, including its directors, officers, employees and agents, perpetually free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy. This payment may be pleaded as an absolute bar to any suit or suits, judgment, execution, or legal proceedings that may hereafter be filed against AXA Philippines, its assigns, successors-in-interest, or by anyone claiming by, through or under against any of the parties in connection with my claim.

5. Should the proceeds be credited to a non-Metrobank account, corresponding fees shall be charged to my account.
6. I, the undersigned, accept full responsibility for the accuracy of the account name and number provided above. I understand that any errors in the information may cause delays in receiving the policy proceeds, and I accept full responsibility for any resulting consequences.
7. Notices related to my claim may be sent to me/us through mail, email, or SMS in the address and contact number I provided above.
8. Section 27 of the Insurance Code states that a concealment whether intentional or unintentional entitles the injured party to rescind a contract of insurance.
9. Section 74 of the Insurance Code states that the violation of a material warranty, or other material provision of a policy, on the part of either party thereto, entitles the other to rescind.
10. 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.

17. Privacy Policy

Your privacy is a priority for AXA Philippines. To understand more on how we use and protect your personal data, you may refer to our Privacy Policy at <https://www.axa.com.ph/privacy-policy>.

18. Acknowledgement and Signature

By signing this form, I acknowledge that above declarations have been thoroughly discussed with me and explained to me by the AXA Financial Partner.

- ☐ I consent to receive notices and announcements for marketing and/or cross selling purposes via Short Messaging Services (SMS), email, other electronic platform, or telephone call from AXA Philippines, its affiliates, subsidiaries, including any person or entities providing services on AXA's behalf.

IMPORTANT: PLEASE DO NOT SIGN ON A BLANK FORM

Signed at _____ this _____ day of _____.

Signature over printed name of Assured

How do I track the status of my request?

Please expect an update from oneclaims@axa.com.ph via email.
If you have any query on your request, you may get in touch with us through



Your AXA Financial Partner

Live chat at
<https://www.axa.com.ph/contact-us>



Your nearest AXA branch

You may also access your policy information and conveniently conduct online transactions through the Emma by AXA PH app and web at <https://www.axa.com.ph/emma>.

Thank you for choosing AXA, a global leader in insurance and investment and your partner in protecting what matters.