CHARTER PING AN INSURANCE CORPORATION
Under the trade name AXA Philippines
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Motor Vehicle Accident/Loss Report Form (MVARF)

POLICYHOLDER'S INFORMATION

Complete Name			
Home Address		Tel. No.	
Business Address		Tel. No.	

INSURED VEHICLE INFORMATION

Year Model		Make		Type	
Engine No.		Serial No.		Plate No.	
Complete Name of Registered Owner					

DRIVER'S INFORMATION

Complete Name					
Home Address					
Age		License Type & No.		Expiry Date	
Is he/she an employee of the policyholder?	Yes ☐	No ☐			
If yes, in what capacity?					

DESCRIPTION OF ACCIDENT OR LOSS

Date *(mm/dd/yyyy)*		Time *(hh:mm)*	AM ☐ PM ☐	
Place	*(Street)*	*(Town)*	*(City)*	*(Province)*
Weather during the accident or loss	Clear ☐	Raining ☐	Poor Visibility ☐	
Complete Name of Police Authority *(if accident or loss was reported)*				

OTHER DETAILS FOR REFERENCE

Who authorized the use of vehicle?	
What was the purpose of use?	
What was the direction of your vehicle during the accident?	
What was the speed rate of your vehicle during the accident?	
What was the direction of other party's vehicle during the accident?	
What was the speed rate of other party's vehicle during the accident?	
Who was the cause of collision?	

LIST OF ALL AFFECTED PERSON/S (OTHER THAN DRIVER)

	COMPLETE NAME	AGE	ADDRESS	*Please check one.*	☑ *if injured*
1				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
2				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
3				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
4				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
5				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
6				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
7				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
8				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
9				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐
10				☐ Passenger of Insured Car ☐ Pedestrian ☐ Passenger of Other Car	☐

Where was the injured person/s taken?	
Who took care of them?	

DESCRIPTION OF DAMAGE/S TO VEHICLE OF POLICYHOLDER

	PARTS DAMAGED	DESCRIPTION	EXTENT OF DAMAGE
1			
2			
3			
4			
5			
Current Location of Vehicle			

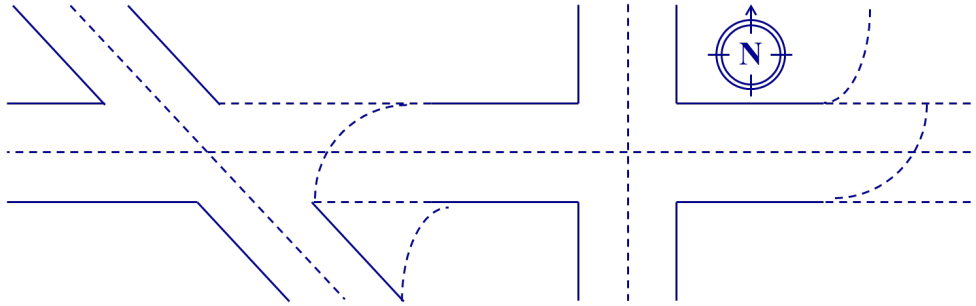
DESCRIPTION OF ADVERSE VEHICLE/PROPERTY

Name of Owner		Home Address	
Name of Driver		Home Address	
Kind/Type of Adverse Vehicle or Property	*If Motor Car, please indicate Year Model, Make and Plate Number*		
Nature and Extent of Damage			
Is the other party insured?	Yes ☐ No ☐	If yes, what company?	

LIST OF INDEPENDENT WITNESS/ES

	COMPLETE NAME	HOME ADDRESS
1		
2		
3		

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)



BRIEF DESCRIPTION OF ACCIDENT OR LOSS (Please indicate your vehicle as "A" and other vehicle as "B")

DECLARATION

I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct and that I have not withheld from the Company any material information in connection with this claim.

AUTHORIZATION

Where applicable, I / We hereby authorize any hospital physician or other person who has attended or examined me to furnish to the Charter Ping An Insurance Corporation or to its Authorized Representative any and all information with respect 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.

DATA PRIVACY CONSENT

In connection with my/our and/or the claimant's claims, I/We give consent for Charter Ping An Insurance Corporation ("AXA") and their respective representatives or agents to collect, use, store, transfer and/or disclose the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of the Philippines and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluation, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be).

Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required the Data Privacy Act of 2012.

This report was filed on *(mm/dd/yyyy)* _____ at *(AXA PH office or branch)* _____

_____ SIGNATURE OF DRIVER

_____ SIGNATURE OF POLICYHOLDER