



Prudential Guarantee and Assurance Inc.

COYIUTO HOUSE, 119 Palanca St., Legaspi Village, Makati City, Philippines
Tel. (632) 810 4916, Fax. (632) 819 2991
TIN -000-491-813

ACCIDENT INSURANCE CLAIM REPORT

TO BE ACCOMPLISHED BY PRINCIPAL INSURED OR BENEFICIARY

Principal Insured _____ Policy No. _____
Claimant's Name _____
Relation to Principal Insured _____
Address _____
Tel. No. _____
Birth Date of Claimant _____ Occupation _____

- 1 . Date of Accident _____
- 2 . Details of the Accident _____

- 3 . If hospitalized, state Name and Address of Hospital _____

- 4 . Do you have accident or sickness insurance with other companies?
If yes, state name of company and policy number

AUTHORIZATION

I hereby authorize any hospital, physician, or other person who has attended or examined me, furnish to the Company, or its authorized representative, any and all information with any illness or injury, medical history, consultation, prescriptions or any treatment, hospital or medical records. A photo copy of this authorization shall be true and valid as the original.

Signature of Insured/Claimant

Place and Date