

**Formulir Claim Kendaraan Bermotor / Motor Vehicle Claim Form**

1 Nama tertanggung (*insured's name*) : \_\_\_\_\_  
 2 Alamat (*Address*) : \_\_\_\_\_  
 3 No. Telp (*Telp. No.*) : \_\_\_\_\_  
 4 Alamat E-mail (*E-mail Address*) : \_\_\_\_\_  
 5 No. Polis (*Policy No.*) : \_\_\_\_\_

**Kendaraan yang dipertanggungkan (*The insured vehicle*) :**  
 6 Merek dan Tipe (*Merk and Type*) : \_\_\_\_\_  
 7 No. Polisi (*Police regn. No.*) : \_\_\_\_\_  
 8 No. Rangka / Mesin (*Chassis / Engine No.*) : \_\_\_\_\_

**Pengemudi kendaraan ketika terjadi kecelakaan (*The person driving the vehicle at the time accident*) :**  
 9 Nama Lengkap (*Full name*) : \_\_\_\_\_  
 10 No. SIM (*Driver's Licence no.*) : \_\_\_\_\_  
 11 Hubungan dengan Tertanggung (*Relationship with the insured*) : \_\_\_\_\_

**Keterangan tentang kejadian (kecelakaan/kehilangan) (*The occurrence giving rise to this claim*) :**  
 12 Tempat (*Place*) : \_\_\_\_\_  
 13 Tanggal (*Date*) : \_\_\_\_\_ Jam (*Time*) : \_\_\_\_\_  
 14 Kecepatan kendaraan waktu terjadi kecelakaan (*Speed at which the vehicle was being driven at time of accident*) : \_\_\_\_\_ km/jam  
 15 Kendaraan dipergunakan untuk (*Purpose for which vehicle was being used*) : \_\_\_\_\_

**Pihak Ketiga yang terlibat (*Third party being involved*) :**  
 16 Nama Lengkap (*Full Name*) : \_\_\_\_\_  
 17 Alamat/ No. Telp (*Address & Telp. No.*) : \_\_\_\_\_  
 18 Kerugian yang diderita oleh pihak ke Tiga (*Losses sustained by third party*) : \_\_\_\_\_  
 19 Kantor Polisi dan nama petugas polisi yang menangani (*The police station dealing with this case and the officer's name*) : \_\_\_\_\_  
 20 Kejadiannya : Ceritakan ringkas, tapi lengkap dan jelas (*The occurrence, Pls describe it consisely but clearly & completely*) :

21. Sketsa/gambar kejadian (*Pls draw a sketch of the accident*) :

<u>Sebelum Kejadian / Before</u>	<u>Sesudah Kejadian/After</u>

Kami menyatakan bahwa semua keterangan dalam formulir ini diberikan dengan sesungguhnya, sepanjang pengetahuan dan keyakinan kami. Dan kami tidak mempunyai Polis Asuransi lain.

*We hereby warrant that the information given herein is true and correct in every respect to the best of my knowledge and belief. And we don't have any other insurance Policy for the same subject matter*

Tanggal (*Date*) :

Tanda tangan Tertanggung  
*Insured's signature*

Nama jelas (*Name in Full*)