

# Motor Vehicle Insurance Claim Form

PT Great Eastern General Insurance Indonesia



Policy No. <i>Nomor polis</i>		Expiry date	
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## IMPORTANT

- Please read the Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Department  
PT Great Eastern General Insurance Indonesia  
Midplaza 2, 23rd floor  
Jalan Jenderal Sudirman kav. 10-11 Jakarta 10220

## I. Particulars Of The Insured (*Keterangan Mengenai Tertanggung*)

Name of Insured  
*Nama Tertanggung*

Occupation  
*Pekerjaan*

Address  
*Alamat*

Home Phone  
*Telepon Rumah*

Office Phone  
*Telepon Kantor*

Mobile  
*Handphone*

Email  
*Email*

Own Risk  
*Risiko Sendiri*

Apakah premi sudah dilunasi?  
*Has premium been paid?*

Yes (Ya)  
 No (Tidak)

## II. Particulars Of The Vehicle (*Keterangan Mengenai Kendaraan*)

Brand  
*Merek*

Type  
*Jenis*

Year  
*Tahun*

Police Reg No.  
*No Polisi*

Chasis No  
*No. Rangka*

Engine No  
*No. Mesin*

## III. Particulars of The Driver (*Keterangan Mengenai Pengemudi*)

Name of Driver  
*Nama Pengemudi*

Address  
*Alamat*

Licence No  
*No. SIM*

Type  
*Golongan*

Expiry Date  
*Tgl Daluwarsa*

Driver Status  
*Status Pengemudi*

Owner  
*Pemilik*

Owner: paid driver  
*Pengemudi yang digaji*

Owner: relative/friend  
*Keluarga/Teman*

**IV. Particulars of The Accident (Keterangan Tentang Kecelakaan)**

Date of Accident  
Tanggal Kejadian

Time of Accident  
Waktu Kejadian

Place of Accident  
Tempat Kejadian

Condition of Road  
Kondisi Jalan

Driving Speed  
Kecepatan Kendaraan

When was it reported to the Insured  
Kapan lapor pada tertanggung

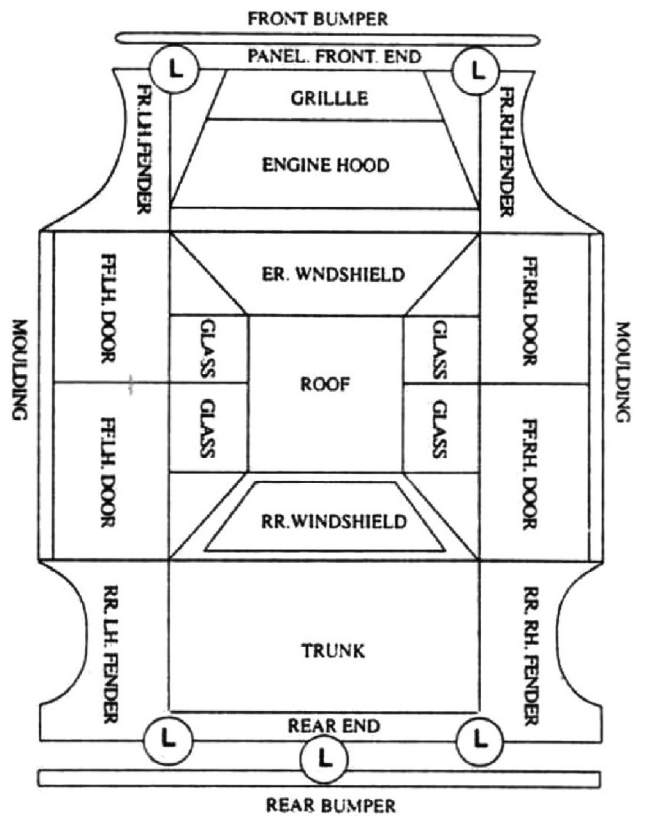
Was the accident reported to the Police/Where  
Apakah kecelakaan dilaporkan ke Polisi/Dimana

Description of accident  
Keterangan singkat tentang kecelakaan

The site of Accident Occurred  
Denah Lokasi Kejadian

Part of damage at the Vehicle  
Bagian yang rusak pada kendaraan tertanggung

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_



Note: L = Lamp/Lampu

**V. Third Party Liability (For Vehicle ) /Pihak Ketiga (Apabila Kendaraan)**Brand  
MerekType  
JenisYear  
TahunPolice Reg No.  
No PolisiChasis No  
No. RangkaEngine No  
No. MesinEstimate of repair  
Perkiraan Biaya PerbaikanHas the TP vehicle been insured/Where?  
Apakah kendaraan pihak ke III diasuransikan/dimana?**VI. Third Party Liability (If Not Vehicle ) /Pihak Ketiga (Apabila Bukan Kendaraan)**Full name/age (other things)  
Nama Jengkap/Umur (benda lainnya)Address (Location)  
Alamat (lokasi)Occupation  
PekerjaanLoss Estimation  
Perkiraan Biaya Kerugian**VII. Witnessess at the time of accident/Saksi-saksi pada saat kejadian**Name  
NamaName  
NamaName  
NamaName  
Nama

Herewith, // We as an insured declared that all the explanation above is right and honesty and //We are pleased to assist insurer if necessary in claim settlement with other party.  
 Dengan ini kami sebagai tertanggung menyatakan bahwa semua yang telah diuraikan di atas adalah benar dan keterangan tersebut kami berikan secara jujur dan kami bersedia membantu pihak Asuransi apabila diperlukan dalam menyelesaikan klaim dengan pihak lain.

Signature of Insured  
Tandatangan TertanggungDate  
Tanggal**THIS PART WILL BE FILL IN BY THE OFFICER/DIISI OLEH PETUGAS ASURANSI****DOKUMEN PENDUKUNG:** Copy SIM/STNK Laporan Polisi Copy KTP

Tanggal Terima

**PERAWATAN KENDARAAN** Baik Cukup Kurang Jorok**CATATAN KLAIM**

No.	No. Klaim	Total Klaim
1.		Rp
2.		Rp
3.		Rp

Estimasi