

Motor Vehicle Insurance Claim Form

PT Great Eastern General Insurance Indonesia



Policy No Nomor Polis		Expiry date Daluwarsa Polis	
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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
Own Risk Risiko Sendiri	Apakah premi sudah dilunasi? Has premium been paid? <input type="checkbox"/> Yes (Ya) <input type="checkbox"/> No (Tidak)

II. Particulars Of The Vehicle (Keterangan Mengenai Kendaraan)

Brand Merek	Year Tahun
Type Jenis	Engine No No. Mesin
Police Reg No. No Polisi	
Chasis No No. Rangka	

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	<input type="checkbox"/> Owner Pemilik	<input type="checkbox"/> Owner: paid driver Pengemudi yang digaji
		<input type="checkbox"/> 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

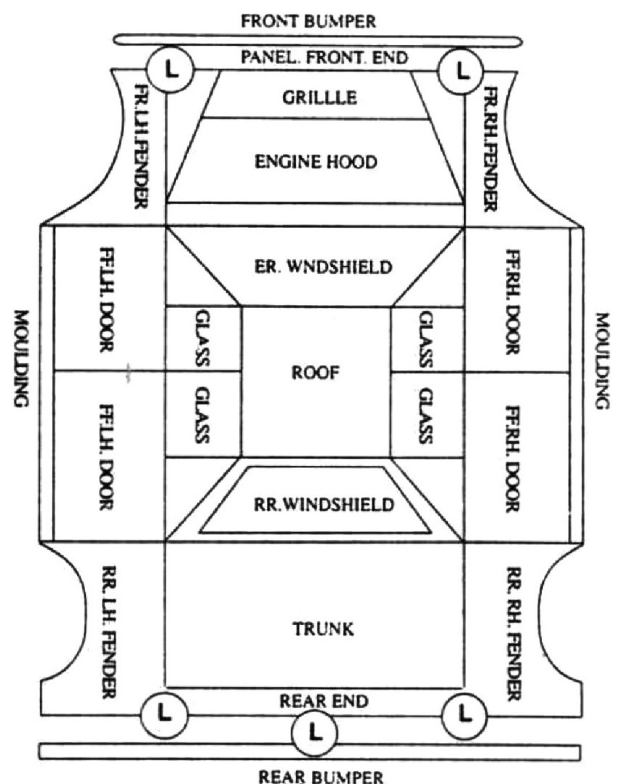
Description of accident
Keterangan singkat tentang kecelakaan

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**

Merek

Type

Jenis

Year

Tahun

Police Reg No.

No Polisi

Chasis No

No. Rangka

Engine No

No. Mesin

Estimate of repair

Perkiraan Biaya Perbaikan

Has 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

Pekerjaan

Loss Estimation

Perkiraan Biaya Kerugian

VII. Witnesses at the time of accident/Saksi-saksi pada saat kejadian**Name**

Nama

Name

Nama

Name

Nama

Name

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 Tertanggung

Date

Tanggal

THIS PART WILL BE FILL IN BY THE OFFICER/DIISI OLEH PETUGAS ASURANSI

DOKUMEN PENDUKUNG:	PERAWATAN KENDARAAN	CATATAN KLAIM		
		No.	No. Klaim	Total Klaim
<input type="checkbox"/> Copy SIM/STNK <input type="checkbox"/> Laporan Polisi <input type="checkbox"/> Copy KTP Tanggal Terima	<input type="checkbox"/> Baik <input type="checkbox"/> Cukup <input type="checkbox"/> Kurang <input type="checkbox"/> Jorok	1		Rp
		2		Rp
		3		Rp
Estimasi				