

INSURED'S REPORT OF ACCIDENT

CLAIM NO.

ADJUSTER

INSURED	1 LAST NAME	FIRST NAME		MI.	CELLPHONE					
	2 MAILING ADDRESS				HOME PHONE		WORK PHONE			
	3 WHERE CAN INSURED BE CONTACTED?					WHEN? ANYTIME				
ACCIDENT	4 DATE & TIME OF ACCIDENT OR LOSS		LOCATION OF ACCIDENT (LANDMARKS, STREET, VILLAGE)			POLICE TO WHOM REPORTED				
	5 DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE SIDE IF NECESSARY)								CAT #	
INSURED VEHICLE	6 VEH. NO.	YEAR	MAKE	MODEL	VIN (VEHICLE IDENTIFICATION NO.)		PLATE NO.	OTHER INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		
	7 NAME OF OWNER () SAME AS POLICY HOLDER				ADDRESS () SAME AS POLICY HOLDER				PHONE	
	8 NAME OF DRIVER () SAME AS OWNER			AGE	ADDRESS () SAME AS POLICY HOLDER				PHONE	
	9 RELATION TO INSURED (EMPLOYEE, FAMILY, ETC.)				PURPOSE OF USE			USED WITH PERMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO		
INSURED	10 DRIVERS LICENSE NO.	ISSUING AUTH	DATE	REPAIR ESTIMATE	WHERE CAN CAR BE SEEN?				WHEN?	
	11 NAME	ADDRESS		PHONE	EXTENT OF INJURY		AGE	INS. VEH.	OTHER VEH.	PED.
WITNESSES	12 NAME	ADDRESS		PHONE				INS. VEH.	OTHER VEH.	PED.
REMARKS	13 REMARKS									
<p>DATE REPORTED BY REPORTED TO SIGNATURE (PRODUCER, INSURED OR DRIVER)</p>										

PRIVACY CONSENT
 By providing your Personal Information to Guam Insurance Adjusters, Inc. and/or AIG in connection with your application/claim for insurance [and signing below], you consent to the collection and processing (including the disclosure and international transfer) of your Personal Information stated in the Privacy Policy which is available at www.aig.com. To the extent that you have provided (or will provide) Personal Information to Guam Insurance Adjusters, Inc. and/or AIG about any other individual, you certify [by signing below] that you have provided information to the individual about the content of this Privacy Policy and you are authorized to disclose his or her Personal Information to Guam Insurance Adjusters, Inc. and/or AIG as detailed in the Privacy Policy.

Signature : _____
 Name : _____
 Date : _____