



GUAM INSURANCE ADJUSTERS, INC.

1ST Floor, Bldg. A, Ada's Plaza Center
173 Aspinnall Avenue, Hagatna
P.O. Box 822, Hagatna, Guam 96932
Ph: 671.472.6288; Fax: 671-472-2707

CLAIM FORM TYPHOON MAWAR	<input type="checkbox"/> AUTOMOBILE	CLAIM REFERENCE NO.
	<input type="checkbox"/> HOMEOWNERS	

DATE FILED: _____ REPORTED BY: _____

I. DETAILS OF INSURED/CLAIMANT:

SIGNATURE OVER PRINTED NAME

SURNAME	NAME	MI	CELLPHONE
MAILING ADDRESS			HOME PHONE
EMAIL ADDRESS			WORK PHONE

II. CIRCUMSTANCE OF LOSS:

HOW THE INSURED PROPERTY WAS DAMAGED	CURRENT LOCATION OF PROPERTY
DESCRIBE THE DAMAGES OF YOUR PROPERTY	

III. ADJUSTMENT OF LOSS: (To be accomplished by the handling adjuster)

QUANTITY	DESCRIPTION	EVALUATED AMOUNT
TOTAL AMOUNT OF CLAIM APPROVED FOR SETTLEMENT		
DATE	APPROVED BY	SIGNATURE

IV. BANK DETAILS:

ACCOUNT NAME
ACCOUNT NO.
BANK'S NAME
SETTLEMENT VIA <input type="checkbox"/> via Cheque <input type="checkbox"/> via Direct Deposit to Account

V. ACCEPTANCE OF OFFER & RELEASE OF CLAIM

For the sole consideration of:

Receipt thereof is acknowledged as full and final settlement of my claim, I hereby release and discharge in full **National Union Fire Insurance Company** from all actions and claims for the loss and damages incurred by my insured property due to Typhoon Mawar on May 24, 2023.

SIGNATURE OVER PRINTED NAME

PRIVACY CONSENT: By providing your Personal Information to GIA and/or AIG in connection with your application/claim for insurance, 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.