



**Prudential  
Guarantee**

**Prudential Guarantee and Assurance, Inc.**

CORPUS CHRISTI OFFICE, 117 Polanco St., Legaspi Village, Makati City, Philippines Tel. 818-49-54; Fax (612) 819-2591  
TIN - 000-000-003

**ACCIDENT INSURANCE CLAIM REPORT**

**TO BE ACCOMPLISHED BY PRINCIPAL INSURED OR BENEFICIARY**

Principal Insured \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Claimant's Name \_\_\_\_\_  
 Relation to Principal Insured \_\_\_\_\_  
 Address \_\_\_\_\_ Tel. No. \_\_\_\_\_  
 Birth Date of Claimant \_\_\_\_\_ Occupation \_\_\_\_\_

1. Date of Accident \_\_\_\_\_
2. Details of the Accident \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. If Hospitalized, State Name and Address of Hospital \_\_\_\_\_  
 \_\_\_\_\_
4. Do you have accident or sickness insurance with other companies? If yes, state name of company and policy number \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION**

I hereby authorize any hospital, physician, or other person who has attended or examined me, to furnish to the Company, or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or any treatment, and copies of all hospital or medical records. A photo copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of Insured/Claimant

\_\_\_\_\_  
Place/Date