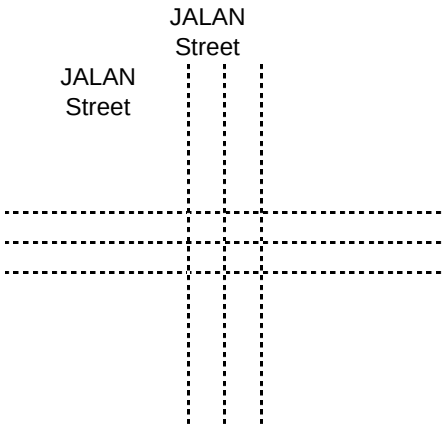
LAPORAN KECELAKAAN KENDARAAN BERMOTOR
AUTOMOBILE INSURANCE ACCIDENT REPORT (1/2)

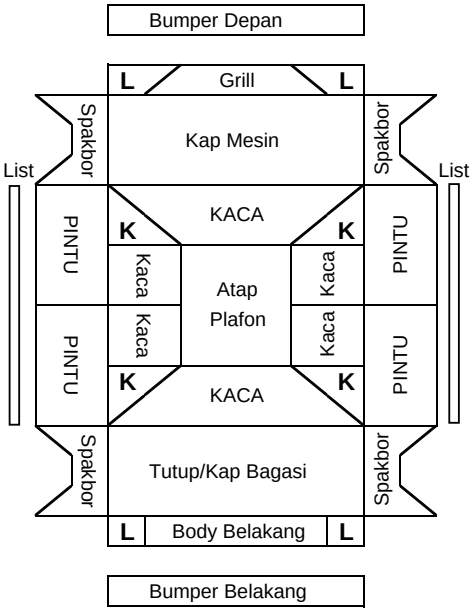
TOKIO MARINE

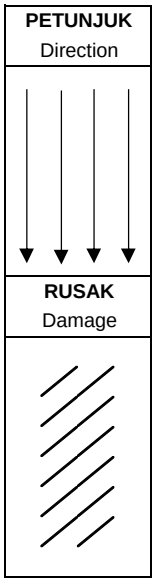
Pengajuan Formulir Ini bukanlah pengakuan akan adanya ganti rugi dari perusahaan asuransi
The issuance of this form does not represent any admission of liability by the Insurance Company

NO. POLIS Policy No.		**TERTANGGUNG/ALAMAT/TEL.** Name of Insured/Address/Telp.	
JENIS KENDARAAN Type of Automobile		**NO. POLISI** Registration No.	
NO. RANGKA Chassis No.		**NOMOR MESIN** Engine No.	
TANGGAL KEJADIAN Date of Accident		**TEMPAT KEJADIAN** Place of Accident	
NAMA PENGEMUDI Name of Driver		**NO. S.I.M.** License No.	
HUBUNGAN DENGAN TERTANGGUNG Relation of Insured		TERTANGGUNG ATAU PEGAWAI ATAU Insured or Employee or	
KETERANGAN MENGENAI KEJADIAN Explanation of Accident		TABRAKAN (BELAKANG, SAMPING, DEPAN) ATAU TERPEROSOK, TERBALIK, TERBAKAR, PENCURIAN Collision (Rear, Side, Front) or Fall, Overturn, Fire, Theft	
PERKIRAAN HARGA PERBAIKAN Estimated Cost of Repair		**Rp**	RISIKO SENDIRI ATAU EKSES Owner's Risk or Excess **Rp**
NAMA BENGKEL Name of Repairer		**TANGGAL PREMI DIBAYAR** Date of Premium Paid	

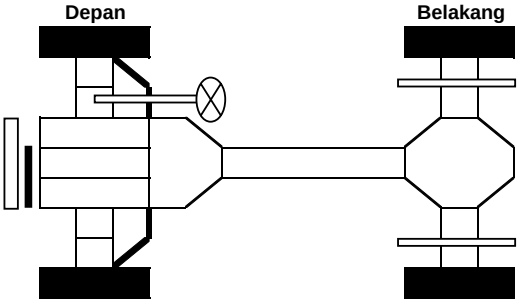
Penyeberangan, Pertigaan, Lurus, Belokan
(Crossing, T Road, Straight, Curve)







KETERANGAN
Full Explanation



KIRIM KEPADA / SEND TO
AUTOMOBILE CLAIMS DEPARTMENT
TEL. NO. (021) 572 5772
FAX NO. (021) 572 4010

TANDA TANGAN TERTANGGUNG
SIGNATURE OF INSURED

LAPORAN KECELAKAAN KENDARAAN BERMOTOR
AUTOMOBILE INSURANCE ACCIDENT REPORT (2/2)

TOKIO MARINE

Pengajuan Formulir Ini bukanlah pengakuan akan adanya ganti rugi dari perusahaan asuransi
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KESALAHAN FAULT	**TERTANGGUNG** INSURED	**%**	**PIHAK LAIN** OTHERS	**%**

KERUSAKAN PADA PIHAK KE TIGA - DAMAGE TO OTHER'S PROPERTY

NAMA DAN ALAMAT PIHAK KETIGA NAME AND ADDRESS OF THIRD PARTY	
JENIS KERUSAKAN KIND OF DAMAGE	
BESARNYA BIAYA PERBAIKAN REPAIR COST ESTIMATION	
NAMA DAN ALAMAT PENANGGUNG NAME AND ADDRESS OF OTHER'S UNDERWRITER OF THE OTHER	**(KALAU TIDAK ADA SEBUTKAN : NOL** IF THE OTHER HAS NO INSURANCE COVERAGE PLEASE STATE : NIL)
PENJELASAN LAINNYA NAME OF INJURED PERSON	

KERUSAKAN PADA PIHAK LAIN - DAMAGE TO OTHERS

		UMUR AGE	**ALAMAT & NO. TELEPON** ADDRESS & TELEPHONE NO.
NAMA KORBAN NAME OF INJURED PERSON			
MACAM PENDERITAAN EXTENT OF INJURY			
NAMA RUMAH SAKIT NAME OF HOSPITAL			

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