



CLAIM REPORT LIABILITY

THE INSURED	
NAME	: _____
ADDRESS	: _____ _____
TELEPHONE & EMAIL ADDRESS / FAX NO	: _____
POLICY NO	: _____
INSURANCE PERIOD	: _____
LIMIT OF LIABILITY (ANY ONE ACCIDENT)	: Property Damage : _____
	: Bodily Injury : _____
INFORMATION OF ACCIDENT	
LOCATION OF ACCIDENT	: _____
DATE AND TIME OF ACCIDENT	: _____
NAME OF THIRD PARTY <i>(If applicable please attach the copy ID)</i>	: _____
NAME OF WITNESS AND RELATIONSHIP <i>(ie. Employee, member of family, etc)</i> <i>(If applicable please attach the copy ID)</i>	: _____
CHRONOLOGY OF ACCIDENT <i>(including explanation on the kind of negligence involved/done)</i>	: _____ _____ _____ _____ _____
WHAT KIND OF GOODS HAVE BEEN DAMAGED <i>(For the Property Damage belongs to third party)</i>	: _____
THE INJURED PART OF THE BODY <i>(For Bodily Injury to third party)</i>	: _____
HOW TO REPAIR, REPLACE, CURE AND/OR REMEDY	: _____
THE ESTIMATION LOSS OR DAMAGE OR MEDICAL EXPENSE	: _____

Declaration and Authorization Letter / Deklarasi & Surat Kuasa

[Statement] / [Declaration]

I/We hereby declare that the above information and facts are true and correct to the best of my/our knowledge and belief, that all document submitted herewith is as accordance to the original copy, and that I/We are not concealing any information we know about events that occurred to me/us/our company and that I/ We understand it is made for use as evidence in court and is subject to penalty for perjury.

[Power of Attorney]

I/We hereby authorize and appoint the third party who will be lawfully conduct claim process for fulfilling all information in relation to said claim process required by PT ASURANSI TOKIO MARINE INDONESIA, or its representative(s), for and on behalf of me/us. Copy of this power of attorney shall be handled and treated as the original copy.)

[Customer and Third Party (Victim) Confidential Data and/or Information]

I/We hereby authorize and allow PT ASURANSI TOKIO MARINE INDONESIA to keep and/or utilize my/ our, and/or third party (the victim) personal data and/or information (i.e.,: name, address, phone number, etc) as stated in this form or other means, including to disclose said data and/or information to other parties in cooperation or affiliation with PT ASURANSI TOKIO MARINE INDONESIA, for the sake of activities and/or services in relation to this insurance.

[Pernyataan] Saya/kami, dengan ini menyatakan bahwa semua keterangan dan fakta-fakta yang diberikan adalah benar, semua dokumen yang diberikan telah sesuai dengan aslinya dan bahwa Saya/Kami tidak menyembunyikan atau menutup-nutupi segala informasi yang kami ketahui terkait peristiwa yang terjadi pada saya/kami/perusahaan kami dan bersedia menanggung segala akibat hukum daripadanya.

[Kuasa] Dengan ini Saya/Kami memberi kuasa kepada pihak ke tiga yang melakukan proses klaim untuk melengkapi keterangan yang diperlukan PT ASURANSI TOKIO MARINE INDONESIA, atau perwakilannya, atas seluruh keterangan yang bersangkutan dengan proses klaim. Foto kopi surat kuasa ini akan diperlakukan sesuai dengan aslinya.

[Data dan/atau Informasi Pribadi Pelanggan dan Pihak Ketiga (Korban)]

Dengan ini Saya/Kami memberikan kuasa, persetujuan dan mengizinkan kepada PT ASURANSI TOKIO MARINE INDONESIA untuk menyimpan dan/atau menggunakan data dan/atau informasi pribadi saya/kami, dan/atau pihak ketiga (korban) (antara lain nama, alamat nomor telepon dan lain-lain) yang dicantumkan didalam formulir ini ataupun sarana lainnya, termasuk memberikan data dan/atau informasi pribadi kepada pihak-pihak lain yang bekerjasama dengan PT ASURANSI TOKIO MARINE INDONESIA dan/atau afiliasinya, untuk dipergunakan dalam pelaksanaan kegiatan dan/atau pelayanan terkait pertanggungansan ini.

(place and date of sign)

Signature :

Name :