



General Insurance

# CLAIM FORM\_Motorbike *Liability*

## I/The Insured's information

Full name:	Other PL insurance: Yes                      No
Policy No:	Effective Date: ___/___/_____
Tel:	Email:

## II/ Detail of incident

Cause:
Time and place of incident:
Description of incident:
Witness (Name, address, telephone): 1. .... 2. ....
Has incident reported to police?                      Yes      No
Has third party send the claim letter to the Insured?      Yes      No
Claim amount: .....

## III/Detail of damage:

<b>Property Damage:</b> Property owner: Damaged property:  Estimated loss amount:
<b>Bodily Injury:</b> Name and address of the injured person:  Description of the injury:

## Declaration of the Insured:

I declare and take responsibility legally that the above-mentioned statements are true.

Date: \_\_\_/\_\_\_/\_\_\_

For the Insured  
(Name and sign)