

## CLAIM FORM (Technical)

**INSTRUCTIONS:** Please fill-up this claim form accurately and legibly. This form, together with the Official Receipt (O.R.) & other pertinent documents must be submitted within a period of not more than 90 days from the date payment was made. Failure of the claimant to file and submit all necessary documents within the period given shall be deemed an abandonment of the claim. *Only duly accomplished Claim Form with complete supporting documents shall be processed subject to final approval of the claims by IBERO Asistencia.*

### To be filled-up by Claimant / Insured

Date :		Reference File No. :	
Claimant's Name :			
Complete Address :			
Tel. No.	Fax No.	Mobile No.	
Company Name (for corporate client) :			
Assignee :		Date of Incident :	
Type of Service :	<input type="checkbox"/> Towing	<input type="checkbox"/> Home Assist	<input type="checkbox"/> Locksmith
		Others :	
Policy/Card No. :		Plate No. :	
Make/Model :	Year :	Color :	
Place of Assist / Accident :			
Delivered To :			
Service Provider :		TOTAL CHARGES :	

**ACKNOWLEDGEMENT :** This is to certify that all data/statements found herein and in any addendum annexed to this form are full, complete and true to the best of my knowledge and belief. Any statement found to be inaccurate will deem my claim to be invalid and void.

\_\_\_\_\_  
Client's Signature Over Printed Name

### ( For IBERO Asistencia use only )

<b>Documents Submitted</b>	<input type="checkbox"/> Official Receipt (O.R.) <input type="checkbox"/> Incident Report <input type="checkbox"/> Others _____	Evaluation	
CLAIM OUTCOME			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> FOR CONSIDERATION			
PREPARED BY	EVALUATED BY	APPROVED BY	
DATE :	DATE :	DATE :	Amount Approved :
			Consideration Approved By :