

"SAMPLE"

TAKAGI & ASSOCIATES, INC.

Professional Insurance Consultants

Suite 200, Flame Tree Plaza, 540 Pale San Vitores Road, Tumon, Guam 96913

Tele. No.: (671) 648-5350 Fax No.: (671) 648-5373

AUTOMOBILE ACCIDENT AND LOSS REPORT

Named Insured and Address: John C. Cruz - 123 Chalan Perez Street, Mangilao Guam
Phone No(s):(Home) 477-1234 (Work) 646-4321 (Cellular) 687-0000 (Email) jcruz@gmail.com
Driver's Name and Address: Maria C. Cruz 123 Chalan Perez Street, Mangilao Guam
D.L. No.: 12345678 Phone No(s): 687-1000 (Email) mcruz@gmail.com
Who authorized him/her to drive? John Cruz Policy No.: PAP-0001
Insured Vehicle: Year 2018 Make Toyota Model Tacoma Style Pick up
License Plate No.: MG1234 Engine No./VIN: 1N341JK122256
Was Vehicle Towed? No If Yes, Vehicle Location: n/a
Date and Time of Accident: March 19, 2020 Location: Marine Drive, Tamuning
Street Name and Direction You Were Traveling? Marine Drive, South Bound
What Lane? Inner Lane Your Speed: 35MPH Speed Limit: 35MPH
Weather Conditions: (Clear () Cloudy () Rainy () Storm () Typhoon () Other: _____
Road Surface: (Asphalt () Concrete () Dirt/Sand () Gravel Road Condition: () Dry () Wet () Muddy
Did Police Investigate? Yes Any Citations Issued? Yes If "Yes", Who Was Cited? Vehicle #2, Joe Santos
Your Description of Accident: I was traveling on Marine Drive in Tamuning on March 19, 2020 at 2pm, when the other vehicle rear end my car.

PERSONAL INJURIES: Name Injury
1. None No Injury
2. _____
3. _____

ADVERSE PARTY: Owner's Name (For at fault accidents, list the other party information here)
Year _____ Make _____ Model _____ Style _____ Color _____
License Plate No. _____ Type of Damage _____
Name of Insurance Carrier _____

WITNESSES: Name Address/Phone No(s).
1. None _____
2. _____
3. _____

IMPORTANT: If the facts were such that you would be held solely negligent and therefore liable for the damage, we should pay it. If you were not solely negligent and if the accident was partly due to the negligence of the other party, you would not have to pay it, and the Company should not have to pay on your behalf.

In my opinion, I () AM () AM NOT properly liable for the damage. **(Mark here on liability of accident)**
I hereby certify that the foregoing is correct to the best of my knowledge and behalf.

Insured sign here
Named Insured's Signature

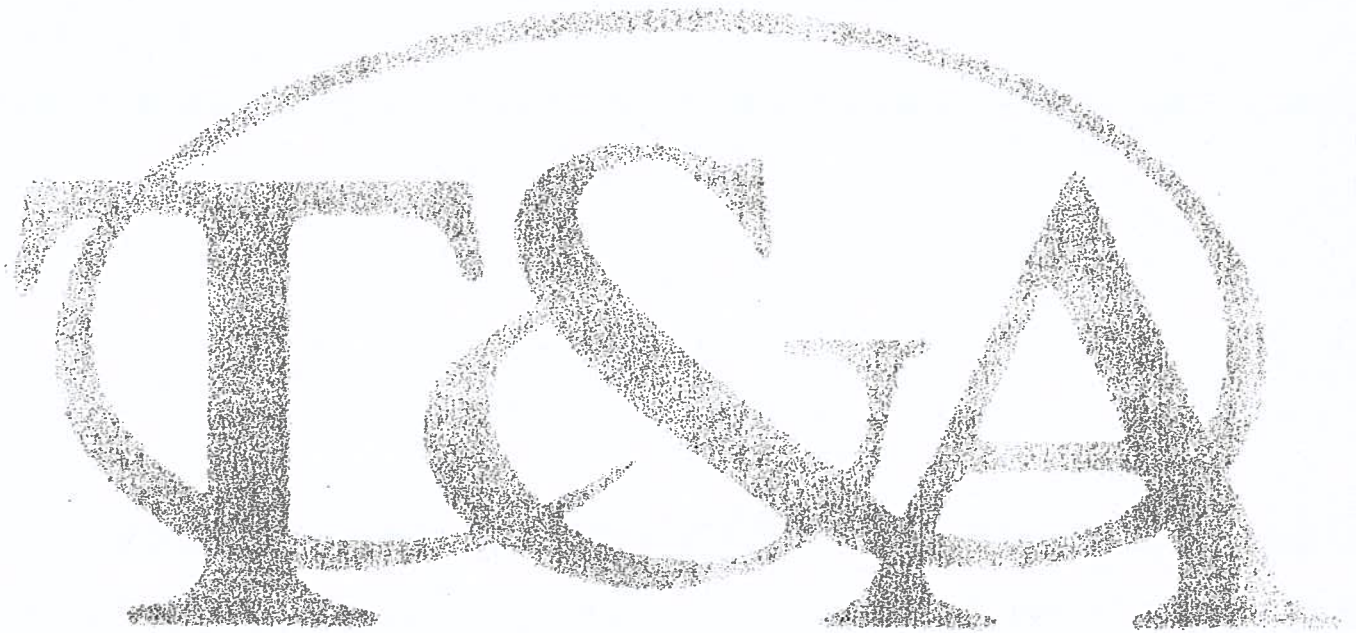
Driver sign here
Driver's Signature

Date Reported: 03/19/20

*** PLEASE ILLUSTRATE POSITION OF VEHICLES, AT TIME OF COLLISION, ON THE BACK SIDE OF THIS FORM. ***

KEY: LABEL STREET, SHOW TRAFFIC CONTROLS, SHOW VEHICLES (INDICATE YOUR VEHICLE NO. 1, OTHER VEHICLE #2), AND INDICATE DIRECTIONS TRAVELING.

PLEASE ILLUSTRATE THE ACCIDENT BY DRAWING BELOW



241157E

SAMPLE

TAKAGI & ASSOCIATES, INC.

Professional Insurance Consultants

Suite 200, Flame Tree Plaza, 540 Pale San Vitores Road, Tumon, Guam 96913

Tele. No.: (671) 648-5350

Fax No.: (671) 648-5373

Documents required:

1. Drivers License
2. Vehicle Registration
3. Police Report
4. Photos of damages
5. Repair Estimate

NOTIFICATION of CLAIM for PROPERTY DAMAGE

Notice to Claimant: In order that your claim for property damage may receive proper consideration you are requested to supply the information called for on this form. All relevant material facts should be stated, as this will be the basis of further action upon your claim. (Please use ink or typewriter.)

1. Full Name of Claimant: Susan Adams
Age: 35 Occupation/Rank: Sales Clerk - Ross Store
Mailing/Street Address: 123 Pale San Vitores Road, Tumon, Guam 96913
E-Mail Address: sadams@gmail.com
Telephone No(s): (Home) 472-0003 (Cell) 687-3000 (Work) 646-5432
 2. Date and Time of Accident: March 19, 2020 7pm
 3. Location of Accident: Mangilao Guam, near Shell Gas Station
 4. Claim against (Name, Address, Description of vehicle he/she is operating): Jose Reyes
345 Blank St, Dededo, Guam 96929/2018 Toyota Highlander
 5. Description of Accident (Set forth all relevant and material details): I was a red stop light when
your insured, Jane Doe, hit my vehicle from behind.
 6. Witness (Name and address - if your vehicle, state position): none
 7. Description of Claimant's Property: 2014 Toyota Rav4
 8. Basis of Claim - I contend that I am entitled to recover damages from the person(s) named in item No. 4, for the following reason(s): The other party did not stop and hit my vehicle from the rear.
 9. Offer of Settlement - I hereby offer to accept as full satisfaction of my claim the amount of \$ 1,200.00. To support my claim I attached the following documents (may include police report, statement of witness, estimates of repairs, etc.): I am claiming for vehicle repairs and car rental
 10. Declaration - I certify that all statements set forth on this form are true to the best of my recollection and knowledge. All relevant and material facts have been stated.
- Executed this 20 day of March 20 20
at T&A Tumon

(Signature of registered owner of vehicle)

Claimant

TAKAGI & ASSOCIATES, INC.

Professional Insurance Consultants

Suite 200, Flame Tree Plaza, 540 Pale San Vitores Road, Tumon, Guam 96913

Tele. No.: (671) 648-5350

Fax No.: (671) 648-5373

Documents Required:

1. Medical Billings
2. Medical Records
3. Receipts
4. Supporting Docs

NOTIFICATION of CLAIM for BODILY INJURY

Notice to Claimant: In order that your claim for bodily injury may receive proper consideration you are requested to supply the information called for on this form. All relevant material facts should be stated, as this will be the basis of further action upon your claim. (Please use ink or typewriter.)

1. Full Name of Claimant: John Doe
Age: 45 Occupation/Rank: Laborer
Mailing/Street Address: 123 Blue Road, Dededo, Guam 96929
E-Mail Address: jdoe@gmail.com
Telephone No(s): (Home) 532-1112 (Cell) 687-1111 (Work) 646-1113
2. Date and Time of Accident: March 19, 2020
3. Location of Accident: Yigo, Guam
4. Claim against (Name of person/company and address): Joseph Castro
5. Description of Accident: Neck Injury from auto accident
6. Witness (Name, address, and telephone no.): None
7. Description of Injury(ies): Whiplash, neck, shoulder pain
8. Basis of Claim – I contend that I am entitled to compensation for injury(ies) from the person(s)/company(ies) named in item No. 4, for the following reason(s): Reasons for claiming
9. Offer of Settlement – I hereby offer to accept as full satisfaction of my claim the amount of \$ open. To support my claim I attach the following documents (police report, statement of witness, and medical reports and bills/receipts).
10. Declaration – I certify that all statements set forth on this form are true to the best of my recollection and knowledge. All relevant and material facts have been stated.

Executed this 20 day of March 20 20,
at T&A Tumon

(Signed by injured party/one form per party)

Claimant



"SAMPLE"

TAKAGI & ASSOCIATES, INC.
Professional Insurance Consultants

P. O. Box 22409, GMF, Guam 96921 M.I. USA
Phone: 475-4373/4 • Fax: 472-3136 • Email: info@taaguam.com

NOTIFICATION OF LOSS

I/We (Insured Name)

of Insured Complete Address

being insured, do hereby declare and set forth that on or about O'Clock on the
day of Date of Event, a loss occurred at Location of event

occasioned, to the best of my/our
knowledge and belief, by Type of Event (Earthquake, Typhoon, etc)

and I/we further declare that the property detailed on the second page belonging to me/us, and insured under
the Type of Event (Item Number) item of the policy aforesaid, was lost, destroyed or

damaged by the said Event to the extent of the amount stated.

I/We, therefore, claim the sum of Amount of Loss (\$),

under the Policy number (Type of Policy Applicable to Loss)

I/We also further declare that the claim is made by me/us as (Insured name-Owner);
(Owner, Trustee, Mortgagee, Bailee, etc.)

that no other person(s) was interested in the said property except Other policy coverage
that no contract or agreement to sell or dispose of the said property has been entered into; and that it is not
otherwise insured in the or in any other
insurance company, or with other insurers, except as undermentioned.

STATEMENT OF THE INSURANCES IN FORCE UPON THE PROPERTY LOST, DAMAGED OR DESTROYED. IF NOT
INSURED WITH ANY OTHER COMPANY OR INSURERS, PLEASE STATE SO.

Other Carrier info Insurance Co./Policy No.
Insurance Co./Policy No.
Insurance Co./Policy No.

As witness my/our hand this DAY OF

DATE INSURED'S SIGNATURE

