

IMPORTANT, PLEASE READ: Submission of this form together with the supporting document/s is for evaluation purposes only. Oona Insurance reserves the right to request for additional document/s & or information as needed to complete the review of the claim. This must not be construed as an admission of liability.

SECTION I – POLICYHOLDER/INSURED INFORMATION

Name of Policyholder/Company				Policy Number	
Name of Individual Insured/Claimant					
Contact No./Mobile No.			Email Address		
Address of Insured/Claimant	No./St.	Barangay/District	Town/City	Province	Zip Code

SECTION II – INSURED VEHICLE INFORMATION

Registered Owner		Year, Make, and Model	Plate No. or CS No.
Chassis No.		Engine No.	Date of Purchase

SECTION III – DRIVER INFORMATION & CLAIM DETAILS

Name of Authorized Driver at the Time of Accident			Relationship with the Insured		
Driver's License Details	License No.		Restriction		
	Validity Period		License Type <input type="checkbox"/> Professional <input type="checkbox"/> Non-Professional		
Date & Time of Loss			Place of Loss		
For what purpose is the vehicle being use for? <input type="checkbox"/> Personal Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Hired by Passengers <input type="checkbox"/> Others (please specify)					
Extent of Damage <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			Party at fault <input type="checkbox"/> Insured/Authorized Driver <input type="checkbox"/> Third-Party <input type="checkbox"/> None		
Circumstance of Loss / Narration / Damages Incurred by the Insured Unit (Please specify)			Sketch Place of Accident and Location of Motor Vehicle/s at the time of the accident		

FRAUD WARNING:

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who represents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

SECTION IV – THIRD-PARTY VEHICLE INFORMATION

Registered Owner	Year, Make, and Model	Plate No. or CS No.
Name of Driver	Contact No.	Insurer of Third-Party Vehicle

SECTION V – NAME OF INJURED PERSON/S DUE TO VEHICULAR ACCIDENT

NAME OF INJURED PERSON/S	IDENTITY OF INJURED PERSON	INJURY SUSTAIN	CONTACT DETAILS OF VICTIM/FAMILY MEMBER
	<input type="checkbox"/> Insured's Passenger <input type="checkbox"/> TP's Passenger <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Death	
	<input type="checkbox"/> Insured's Passenger <input type="checkbox"/> TP's Passenger <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Death	
	<input type="checkbox"/> Insured's Passenger <input type="checkbox"/> TP's Passenger <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Minor Injury <input type="checkbox"/> Serious Injury <input type="checkbox"/> Death	
Remarks			

SECTION VI - AUTHORIZATION

TRUTHFULNESS

This is to certify that to the best of my knowledge, all the information provided in this Claim Form is true, complete, and correct. I understand that it may be necessary to verify the information submitted to support my claim.

AUTHORIZATION

I hereby authorize Oona Insurance or its representative to verify the accuracy and truthfulness of document/s &/or information provided from the issuing establishment &/or from competent authorities who have personal knowledge regarding this claim. I hereby irrevocably authorize Oona Insurance Corporation or its representative to obtain my/our record related to the vehicular accident from attending traffic enforcer, police officers, medical practitioner, clinics hospital, insurance companies, government agencies/institutions and other relevant organization or establishment. This authorization is valid even I/we am/are deceased. My/our next kin are also bound by this authorization. The original copy of this authorization has the same effects.

DATA PRIVACY

By submitting this claim form, I confirm that I have read, understood and agree to Oona Insurance's Privacy Policy available on its website.

Applicant's signature over printed name

_____/_____/_____
Date signed

FRAUD WARNING:

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who represents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.



CLAIMS PROCEDURE & LIST OF DOCUMENTS REQUIRED

- Please prepare the required documents together with the copy of your policy and proof of premium payment before reporting a claim to facilitate verification.
- Claim must be reported the soonest possible time after the accident, late reporting may cause delay in the processing of your claim, and you shall be required to submit an explanation regarding the cause of delay.
- Only the name insured &/or registered owner is allowed to sign the pertinent documents regarding this claim, the insured must issue a special power of attorney to his/her authorized representative in his/her absence.

REPORTING A CLAIM:

- Via Call:**
CLAIMS HOTLINE: (+632) 8876 4400
Smart: +63920 918 6242
Globe +63917 581 7175
- Via Email:**
maclaims@oona-insurance.com.ph
- Via Website:**
www.myoona.ph

SUBMISSION OF CLAIM DOCUMENTS:

- Via Email or Web Portal:** instructions will be given during the call.
- Directly or via Mail:** Please required original copy to the following address:
**Check all documents before submission, incomplete documents may cause delay in the processing of your claim.*

Oona Insurance Corporation - Claims Division (9F)
1220 Acacia Avenue, Madrigal Business Park
Ayala Alabang, Muntinlupa City 1770

NOTES:

- During the call you will be informed of the list of our accredited repair shops near your area or near your preferred location and the schedule of inspection.
- You will receive an email to update you regarding your claim.
- If you have queries regarding your claim, you may call our hotline **(02) 8876-4400** or send it to **maclaims@oona-insurance.com.ph**

STANDARD REQUIREMENTS:

- Duly accomplished and signed Oona Insurance Claim Form
- Copy of driver's license and OR of driver at the time of accident
- Copy of certificate of registration and OR of insured unit
- Copy of deed of sale if the name insured is different from the registered owner
- If the damage/s incurred by your insured unit was caused by a third party OR you caused damages to a third-party vehicle OR a third-party vehicle/person is involved, submit certified true copy or original copy of police report with sworn statement;
- Optional - photographs of the insured unit showing the following;
 - Front, back, left side & right side of insured vehicle (plate no./conduction shown)
 - Close-up photos of damaged parts.
- Optional - copy of repair estimate from Oona accredited shops.

ADDITIONAL REQUIREMENTS:

THIRD-PARTY PROPERTY DAMAGE (TPPD):

- Copy of TP driver's license and OR of driver at the time of accident.
- Copy of TP certificate of registration and OR of insured unit.
- Optional - photographs of TP unit showing the following;
 - Front, back, left side & right side of insured vehicle (plate no./conduction shown);
 - Close-up photos of damaged parts.
- Optional - copy of repair estimate from Oona accredited shops.
- Original copy of Certificate of No Claim from TP insurer.

THIRD-PARTY BODILY INJURY (TPBI)

- Certified true copy or original copy of medical certificate
- Copy of related hospital records, such as but not limited to laboratory test results, medical abstract, discharge summary, prescription slips, etc.
- Original official receipts of medical expenses.
- Original copy of release of claim and/or affidavit of desistance signed by TP.
- In case of death, death certificate and proof of beneficiary such as NSO certified marriage certificate, birth certificate must be submitted.
- Copy of 1 valid ID with 3 specimen signatures.

NOTE: Should you have queries on the above requirements, you may call us at (+632) 8876-4400 or send an email to maclaims@oona-insurance.com.ph

List of Acceptable IDs

ID1	Passport	ID10	GSIS e-Card/UMID	ID19	Department of Social Welfare and Development (DSWD) Certification
ID2	Driver's License	ID11	SSS	ID20	Integrated Bar of the Philippines (IBP) ID
ID3	PRC ID	ID12	Senior Citizen Card	ID21	Company ID
ID4	NBI Clearance	ID13	Overseas Workers Welfare Administration (OWWA) ID	ID22	Student's ID
ID5	Police Clearance	ID14	OFW ID	ID23	National ID
ID6	Postal ID	ID15	Seaman's Book	ID24	SEC Certificate of Registration
ID7	Voter's ID	ID16	Alien/Immigrant Certification of Registration	ID25	Business Registration Certificate
ID8	TIN	ID17	Gov't Office/GOCC ID	ID26	PhilHealth ID
ID9	Barangay Certification	ID18	Certification from National Council for the Welfare of Disabled Persons (NCWDP)	ID27	Others (subject to review/validation by Oona Insurance Corporation)

All IDs presented should be within their validity period, clearly readable, untampered, and consistent with the information provided in the relevant application document(s). **Oona Insurance** may require additional supporting documents as deemed necessary.

FRAUD WARNING:

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who represents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.