TOYOTA BACOOR

FORMS-INS-CLAIMS-001

TOYOTA BACOOR, CAVITE INC.

INSURANCE CLAIMS BASIC REQUIREMENTS

Customer Information	
Name:	
Contact Number:	
Year Model / Unit:	
Insurance Company:	
OWN DAMAGE	
*ORIGINAL Police Report / Notarized Affidvit of Accide	nt
*Photocopy Insurance Comprehensive Policy	
*Photocopy Driver's License & OR	
*Photocopy Valid OR/CR	
Picture of the damage portion	
*Estimate of the damage unit	
THIRD PARTY CLAIMANT	
*ORIGINAL Police Report / Notarized Affidvit of Accident	
*Photocopy Insurance Comprehensive Policy	
*Photocopy Driver's License & OR	
*Photocopy Valid OR/CR	
*Picture of the damage portion	
*Estimate of the damage unit	
*ORGINAL Certificate of No Claim (CNC) of the Third Party (CTPL or Comprehensive)	
DOCUMENTS RECEIVED BY:	
DATE RECEIVED:	
INSURANCE COORDINATOR REMARKS:	
*IMPORTANT NOTICE: 1. It is further understood and agreed that failed to submit the requirements 7 days (one week) upon	
estimation the claim would be noted as cancelled.	
2. Filing of accident is within 30 days (one month) only.	
CUSTOMER SIGN / DATE	INS. COORDINATOR / DATE
For inquiries, you may call us at: TOYOTA BACOOR Insurance Department,	
Kindly look for Jisell @ TEL NO. 489-8000 loc. 2500 or 2501 / CP NO. 09178067253 / 09992296260	
TOYOTA BALDDR	TOYOTA BACOOR CAVITE, INC.
	Trunk Line: (046) 489-8000
Data Consent Form	
l with plate number	, understand and accept that Toyota Bacoor Cavite, Inc.
("Toyota Bacoor") shall collect, process, store and share my personal and be	
insurance companies, government agencies, Toyota Motor Philippine	
for legitimate business purposes in accordance with the Data Privacy Act of 2012 (R.A 1073) and its Data Privacy Policy.	
The Full Policy of Toyota Bacoor's Privacy Policy may be found at https://www.toyotabacoor.com/privacy-policy	
Acknowledged by:	
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(Name & Signature/ Date)	