

For OWN DAMAGE Claim		For CARNAP Claim	
<input type="checkbox"/> Repair Estimate <input type="checkbox"/> Pictures of Damage (s) <input type="checkbox"/> Police Report/Affidavit <input type="checkbox"/> OR & CR <input type="checkbox"/> Driver's License & O.R <input type="checkbox"/> Policy Copy (optional) <input type="checkbox"/> O. R. of Premium Payment (optional)		<input type="checkbox"/> Certificate of Non-recovery <input type="checkbox"/> Alarm Sheet <input type="checkbox"/> Complaint Sheet <input type="checkbox"/> Police Report <input type="checkbox"/> OR & CR <input type="checkbox"/> Driver's License & OR <input type="checkbox"/> O.R of Premium Payment (optional)	
For THIRD PARTY Claim			
Vehicle	Bodily Injury	Property Damage	
<input type="checkbox"/> Repair Estimate <input type="checkbox"/> Pictures of Damage/s <input type="checkbox"/> OR & CR <input type="checkbox"/> Certificate of No Claim	<input type="checkbox"/> Original copy of medical receipts/ OR <input type="checkbox"/> Original copy of medical certificate	<input type="checkbox"/> Quotation of repair estimate <input type="checkbox"/> Pictures of Damage/s	