

Department of Finance  
**INSURANCE COMMISSION**

Public Assistance & Information Division  
Tel. No. 523-8461 to 70 local 102, 103, 105

**CLAIMANT'S REQUEST FOR ASSISTANCE**

Claimant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No./Cell phone No.: \_\_\_\_\_  
Insurer/Name of Insurance Company: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Date of Loss/Accident: \_\_\_\_\_  
Nature of Claim: \_\_\_\_\_ **AMOUNT OF CLAIM:** \_\_\_\_\_  
Place of Accident: \_\_\_\_\_

\_\_\_\_\_  
Date

**SUMMARY OF CLAIMANT'S REQUEST:**

\_\_\_\_\_  
Claimant's Signature

Assisted by: \_\_\_\_\_  
Claims Register No.: \_\_\_\_\_