

TAKAGI & ASSOCIATES, INC.

Professional Insurance Consultants

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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: _____

Age: _____ Occupation/Rank: _____

Mailing Address: _____

Street Address: _____

Telephone No(s): (Home) _____ (Cell) _____ (Work) _____

2. Date and Time of Accident: _____

3. Location of Accident: _____

4. Claim against (Name of person/company and address): _____

5. Description of Accident: _____

6. Witness (Name, address, and telephone no.): _____

7. Description of Injury(ies): _____

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): _____

9. Offer of Settlement – I hereby offer to accept as full satisfaction of my claim the amount of \$_____. 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 _____ day of _____ 20 _____,

at _____.

Claimant