



**GOVERNMENT OF PUERTO RICO  
OFFICE OF THE COMMISSIONER OF INSURANCE**

**REQUEST FOR STATISTICAL INFORMATION ON MOTOR VEHICLE CLAIMS**

MOTOR VEHICLE CLAIMS FOR CALENDAR YEAR \_\_\_\_\_

NAME OF INSURER	NAIC CODE
TYPE OF INSURER	BUSINESS LINE OF INSURER

SECTION I. CLAIMS STATISTICS

TOTAL NUMBER OF CLAIMS RECEIVED LISTED BY TYPE

<ul style="list-style-type: none"> <li>1 Claims Received</li> <li>2 Claims Processed</li> <li>3 Claims Paid</li> <li>4 Amount Paid</li> <li>5 Claims Pending</li> <li>6 Reserve for Pending Claims</li> <li>7 Suspect Claims</li> <li>8 Total Amount Claimed</li> <li>9 Claims Denied</li> <li>10 Claims Denied of Indications of Fraud</li> </ul>	<ul style="list-style-type: none"> <li>1 Theft</li> <li>2 Collision</li> <li>3 Bodily Injury</li> <li>4 Vandalism</li> <li>5 Comprehensive</li> <li>6 Fire</li> <li>7 Property Damage</li> </ul>		
	<table style="width:100%; border-collapse: collapse;"> <tr> <td align="right" style="width:80%;"><b>8 TOTAL NUMBER OF CLAIMS RECEIVED</b></td> <td style="width:20%;"></td> </tr> </table>	<b>8 TOTAL NUMBER OF CLAIMS RECEIVED</b>	
<b>8 TOTAL NUMBER OF CLAIMS RECEIVED</b>			

SECTION II. REPORT BY TYPE OF CLAIM PROCESSED, NUMBER OF UNITS AFFECTED AND AMOUNT OF MONEY DISBURSED

	Indicate by claim category the number of units affect and the monetary amount. See the example	Select the amount	Amount paid for damages claimed for the total number of units indicated
THEFT	VEHICLES	30	\$300
THEFT	MOTORIZED UNIT	10	\$200
1 THEFT	AUTOMOBILES		
1 THEFT	OTHER VEHICLES		
2 COLLISION	AUTOMOBILES		
2 COLLISION	OTHER VEHICLES		
3 BODILY INJURY	AUTOMOBILES		
3 BODILY INJURY	OTHER VEHICLES		
4 VANDALISM	AUTOMOBILES		
4 VANDALISM	OTHER VEHICLES		
5 COMPREHENSIVE	AUTOMOBILES		
5 COMPREHENSIVE	OTHER VEHICLES		
6 FIRE	AUTOMOBILES		
6 FIRE	OTHER VEHICLES		
7 DAMAGE TO THIRD PARTY PROPERTY	AUTOMOBILES		
7 DAMAGE TO THIRD PARTY PROPERTY	OTHER VEHICLES		

SECTION III. DAMAGE

1. Select the 10 AUTO makes with highest reported incidence as reported	Makes with the Highest Incidence	Makes with Highest Incidence
	1	6
	2	7
	3	8
	4	9
	5	10
2. For each auto make specified in the previous question, mention the (2) most affected models of each make as reported	1	8
	1	6
	2	7
	2	7
	3	8
	3	8
	4	9
	4	9
	5	10
	5	10
3. OTHER If not indicated for the auto, make or model in the above question, write in this space		
4. For the Theft category, indicate the number of recovered units		

SECTION IV. DESCRIPTION OF THE INCIDENT BY KIND OF CLAIM



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	Location of the Incident. Select the three areas where the greatest number of incidents occur. Use the Comments space if needed.	Municipality of the Incident. For each Claim, select the five (5) municipalities with the highest occurrence of incidents.	Comments
<b>THEFT</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	
<b>COLLISION</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	
<b>BODILY INJURY</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	
<b>VANDALISM</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	
<b>COMPREHENSIVE</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	
<b>FIRE</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	
<b>DAMAGE TO THIRD PARTY PROPERTY</b>			
1	1	1	
2	2	2	
3	3	3	
		4	
		5	

**SECTION V. SUSPECT CLAIMS**

1. Suspect Claims Received
2. Suspect Claims Paid
3. Amount Paid
4. List the most common acts of fraud committed in your line of business. Use the Notes space if needed.
 

4a.	
4b.	
4c.	
4d.	
5. Suspect Claims Pending
6. Reserve for Pending Claims
7. Of the total number of claims identified in item 2 of this section, state the number of claims by type and amount paid.
 

Categoroes	Number	Amount Paid
7a. Theft		
7b. Collision		
7c. Bodily Injury		
7d. Vandalism		
7e. Comprehensive		

**SECTION VI. DIRECT INFORMATION ON EACH INCIDENT BASED ON CLAIMS**

1. Fire Claims: Indicate fire claims, damages to the structure and inventory (contents of structure). Use the Notes space if needed.
  - 1a. Claims for Damages to Structures
  - 1b. Claims for Damages to Contents
    - 1c. Amount paid for Damages to Structures
    - 1d. Amount paid for Damages to Contents
    - 1e. Claims for other kinds of fire damage. Indicate the kind of claim, number, and amount paid.
 

Other kinds of Claims	Number	Amount Paid
1e1.		
1e2.		
1e3.		
1e4.		
1e5.		

**SECTION VIII. FATALITY**

Select from the list the three (3) kinds of claims where the principal cause of damage was a fatality. Classify the Fatality. Amount Paid



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7f Fire	2		
7g Property Damage	3		

**SECTION VII. DEMOGRAPHIC INFORMATION**

Indicate the following demographic information for total claims received and processed.

- Sex of claimant population. Indicate average by sex and total in the claimant population.
  - Choose Sex \_\_\_\_\_
  - Indicate Total Found \_\_\_\_\_
  - Choose Sex \_\_\_\_\_
  - Indicate Total Found \_\_\_\_\_
- Age. Average Age of Claimant Population
  - Choose Sex \_\_\_\_\_
  - Average Age \_\_\_\_\_
  - Choose Sex \_\_\_\_\_
  - Average Age \_\_\_\_\_

NOTES (Indicate Section and number of question referenced)

CERTIFICATION OF INFORMATION

\_\_\_\_\_  
Signature of Representative of Insurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and position

\_\_\_\_\_  
State email address

\_\_\_\_\_  
State telephone and fax numbers