

Motor Claim Form

Comprehensive Third Party

A- Particulars of the Insured Vehicle:

Insured Name:
 Insured's Driver Name:
 Period of Insurance:
 Claim No.: Policy No.:
 Tel No.: Mobile:
 Fax No.:
 Email Address:
 Vehicle Make: Registration No.:

B- Particulars of the Third Party Vehicle/Property:

Third Party's Name:
 Vehicle:
 Plate No.:
 Tel No.:
 Mobile:
 Fax No.:
 Email Address:
 Property:

C- Accident Detail:

Claim Particulars:

Nature of Accident / Loss:

1- Insured Vehicle Damage 2- Third Party 3- Theft 4- Fire 5-Over Turn 6- Natural Disasters

Accident Date: / / Time: Location:

Insured at Fault:%

Accident Description:

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Was the Traffic Police / Najam informed? Yes No Traffic Police / Najam report number..... Traffic Police / Najam Station

Was there any loss estimate? Yes No Repair cost estimate SR.

What was the purpose of using the Vehicle at the time of accident? Personal Commercial Other

Is the Vehicle movable? Yes No

D- Insured / Third Party Vehicle Damages:

Location of the damaged Vehicle for inspection:

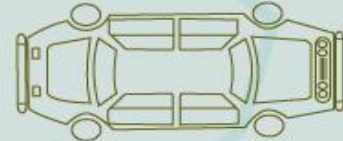
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Damage Description:

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Mark the damages on the illustration:



E- Injured Parties:

Name	Hospital Name	Relationship with the Insured
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F- Enclosures:

Original copy of Police / Najam report
 Original repair order
 Copy of driver ID / Passport

Copy of Vehicle's registration
 Copy of driver's license
 Other attachments:

- Repair shall be authorized after the completion of the above requested documents.

G- Declaration:

I declare to the best of my knowledge and belief that the foregoing particulars are true and correct.

Name: Signature: Date: