

Branch

Calim No

MOTOR CLAIM FORM

Please read carefully and answer fully the questions



Policy No: Period of Ins.: From To Excess Estimated value of car

INSURED

Insured Name:

Address: Tel:

Occupation:

VEHICLE

Make of vehicle: Horse Power:

Registered Letters & Number:

Chassis No:

DRIVER

Name: Age:

Type & number of license:

Expiry date of the license:

Does the driver work for you?

Address:

ACCIDENT

For what purpose the vehicle was used when the accident occurred?

Where did the accident happen?

Date of accident: Speed:

How did the accident happen?

TRAFFIC POLICE

Have you reported the accident?

At which police station did you report?

DAMAGE TO OWN VEHICLE

State extent of damage to your vehicle?

PARTICULARS OF DAMAGE TO INJURY TO PERSONS OR PROPERTY

The extent of damage to the other vehicle or Property?

I / we declare the above to be true to the best of my/our knowledge and belief and hereby authorize Arabia Insurance Cooperative Co. and/or their legal advisors to deal in my/our name with all matters arising from this incident in their discretion, and if they deem it expedient, to admit liability and/or negligence on the part of myself/ourselves and/or of my/our servants or agent.

Date Driver signature Insured signature