

Third Party Claim Form (Compulsory Vehicle Insurance for Individual and Corporate Policies)

Completely fill out the form

Claim number

The insured's insurance policy number

Claim amount

| SR

1. Claimant

Name

ID number/unified number

Regularity

☐ genuine

☐ agent

☐ regular representative

Agency No.

Another verification method

Agent mobile number

2. Third Party Information

Claim type

☐ vehicle

☐ injuries

☐ a fire

☐ Properties

☐ deaths

☐ Other

Name

ID number/unified number

National address

mobile number

E-mail

3. Vehicle driver information

The driver is the third party:

☐ yes

☐ no

Driver's name

Driver's ID number

Driver's license type

4. Information and details of the accident

City and location of the accident

Date

/ /

time of the accident

☐ AM

☐ PM

Direct accident by:

☐ Traffic

☐ najm

☐ other

Third party/driver liability ratio

☐ %75

☐ %50

☐ 25%

☐ %0

5. Third party bank account information

certify the validity of my bank account number shown below in a bank

Third Party Bank Account Number (IBAN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Any mistake in writing the account number (IBAN) is the responsibility of the claimant

(The claimant must make sure that the IBAN number is correct when receiving this bond)

6. Acknowledgment and acceptance

I In accordance with the rules for collecting and exchanging insurance information for vehicles, I agree to grant the insurance company the right to inquire, disclose and exchange insurance information with the company that obtained the approval of the Saudi Central Bank to provide the service of collecting and exchanging insurance information regarding the submitted insurance claim or previous claims in order to obtain the insurance record, as well as I agree To grant the company that obtained the approval of the Central Bank of Saudi Arabia to provide the service of collecting, exchanging and preserving insurance information the right to disclose about the insurance claim submitted by me with the licensed member of the Central Bank

I, the undersigned, certify that the above information is correct

Name of the owner of the insurance information

Date

/ /

signature

(The claimant must make sure that the IBAN number is correct when receiving this bond)

7. For the use of the insurance company

Documents complete

☐ Yes

☐ No

Missing documents:

Date

/ /

Number/Name of the employee

Signature

receipt voucher

Claim number

This bond must be filled out from the company's system, and not filled manually.

Dear Claimant

Thank you for submitting your claim, we would like to notify you that your claim has been submitted and in case of any query or clarification you can contact directly on the contact number shown below.

Claim information:

Insurance company	contact number	document number	Claim date	Plate Number

Claim status:

Submitted documents

☐ completed

Documents received

☐ Incomplete documents

incomplete

Important information - without prejudice to the principles of customer protection

The customer can submit a complaint to the company's complaints department through the call center or the company's website shown below.

- In the event that the company does not respond, a complaint can be submitted to the Central Bank of Saudi Arabia through the Customer Protection Department, by phone: **8001256666** or the Website: www.samacares.sa

Company website

phone number

branch name

Date

/ /

AM

PM

customer service employee

signature

E-mail

Third Party Bank Account Number (IBAN)

(The claimant must make sure that the IBAN number is correct when receiving this bond)

Customer Protection Principles

Third Party Rights and Responsibilities:

1. Upon receiving the claim, the company shall provide the applicant with evidence that it has received the claim.
2. The company is obligated to receive the compulsory insurance claims for vehicles (third party) through all branches and points of sale affiliated with it or those of its agents.
3. The company is committed to settling the amounts of claims determined by the competent authorities with integrity and fairness without any bargaining during the specified periods, starting from the date of receiving the completed claim. Documents as per the instructions issued by the Central Bank.
4. The third party can submit a complaint to the Complaints Department of the company, and in the event the company does not respond, a complaint can be submitted to the Central Bank of Saudi Arabia through (Sama Cares), through Phone: 8001256666 or the website: www.samacares.sa.
5. The company is obligated to inform the claimant of the acceptance or rejection of the claim. In the event that the claim is accepted in whole or in part, the company is obligated to clarify the amount of compensation and how to reach it. When the claim is refused The company is committed to the following:

a. Provide the claimant with the reasons for the total or partial refusal.

B. Informing the claimant of the possibility of submitting a complaint through the website (Sama Cares) www.samacares.or submitting his claim to the committees for adjudication of insurance disputes and violations stipulated in Article 20 of the Cooperative Insurance Companies Control Law for consideration by the committees.

c. Provide the claimant with a copy of the documents and documents supporting the company's decision in case the claimant requests that from the company.
6. The company is obligated to compensate the third party for any costs incurred as a result of not using the damaged vehicle due to the company's delay in settling the claim, according to the instructions issued by Saudi Central Bank.
7. If it is not possible to obtain the estimation of the competent authority according to a system for estimating the damages of vehicles, an assessment center (estimation), the company may base the computation of compensation on the estimation of the other competent authorities.
8. If the cost of repairing the vehicle according to evaluation centers (estimation) or approved workshops exceeds the percentage of depreciation specified by an evaluation center for the value of the vehicle, the third party shall be compensated based on the value The market value of the vehicle specified by the competent authority.
9. His rights towards the company:

A- The rights arising from the claimant shall forfeit if it is proven that the submitted claim involved fraud, or it is proven that the insured, the driver, or those acting on their behalf, or the claimant used fraudulent methods or means in order to obtain a benefit, or the liability or damage resulted from a deliberate act of the insurer him or the driver or the claimant or colluded with any of them. The company has the right to refer to any party who assumes responsibility for this fraud, whether he is a participant or an accomplice, provided that the company is obligated to compensate the claimant if he is in good faith.

B- Any insurance dispute arising from this claim is subject to the laws and regulations in force in the Kingdom of Saudi Arabia, and the committees for the resolution of insurance disputes and violations are competent to decide on it.

C- No claim arising from the insurance part of this claim shall be heard after the lapse of five years from the date of the due amount in question, unless there is an excuse that is satisfied by the committees for adjudication of insurance disputes and violations.
10. The insurance company is not entitled to request additional documents other than those mentioned in the receipt voucher as shortcomings of the claim.
11. In the event that the claim is considered complete documents (as shown in the unified form), the company is not entitled to request any additional documents later on the claim.

Documents Required to Submit a Claim (Third Party)

Vehicle damage			public properties			private property			infection			Death		
b + a			10+1			1 + c			13+11+1			14+12+1		

clause	number	Required Documents	clause	number	Required Documents
A	1	Photo from the accident report	C	8	A copy of the proof of ownership of the property
	2	A copy of the driving license (Istimara) for the third party vehicle		9	picture of property damage
	3	A copy of the agency if the application is submitted by the agent	D	10	A copy of the receipt received for public property damage
	4	A copy of the identity of the vehicle owner or the registry Commercial in (third party) corporate claims		11	A copy of the medical report issued by the hospital in cases of injuries
B	5	A copy of the damage estimation from the competent authority regarding the vehicle damage estimation system in the absence of an assessment center (estimation)		12	A copy of the death certificate (if there is a death case)
C	6	Photos of three property damage assessments		13	Photo of the letter of the appraisers of rights/Al-Arush
	7	A copy of the invoices for the damaged goods (in case the goods were damaged)		14	A copy of the deed of determination of heirs issued by the court