

Vehicle accident report form (comprehensive)  
(This form must be completely filled out and signed by the claimant)  
Comprehensive Motor Insurance - individuals

Insured vehicle information:

Insured person name:		Driver's Name:	
Responsible person:		Age:	
E-mail address:		Mobile:	
Telephone:		Chassis No.:	
Vehicle Model:		Plate No.:	
Insurance Document No.:		Insurance Term:	

Claim/Damage Type:

☐ Insured Vehicle Damages ☐ Theft / Attempted theft ☐ Coup Accident ☐ Natural Disasters ☐ Fire

Accident date: / / Time: Insured Party Fault Percentage: % Accident Place:

Third Party Fault Percentage: %

Amount Collected? ☐ Yes ☐ No

How the accident happened:

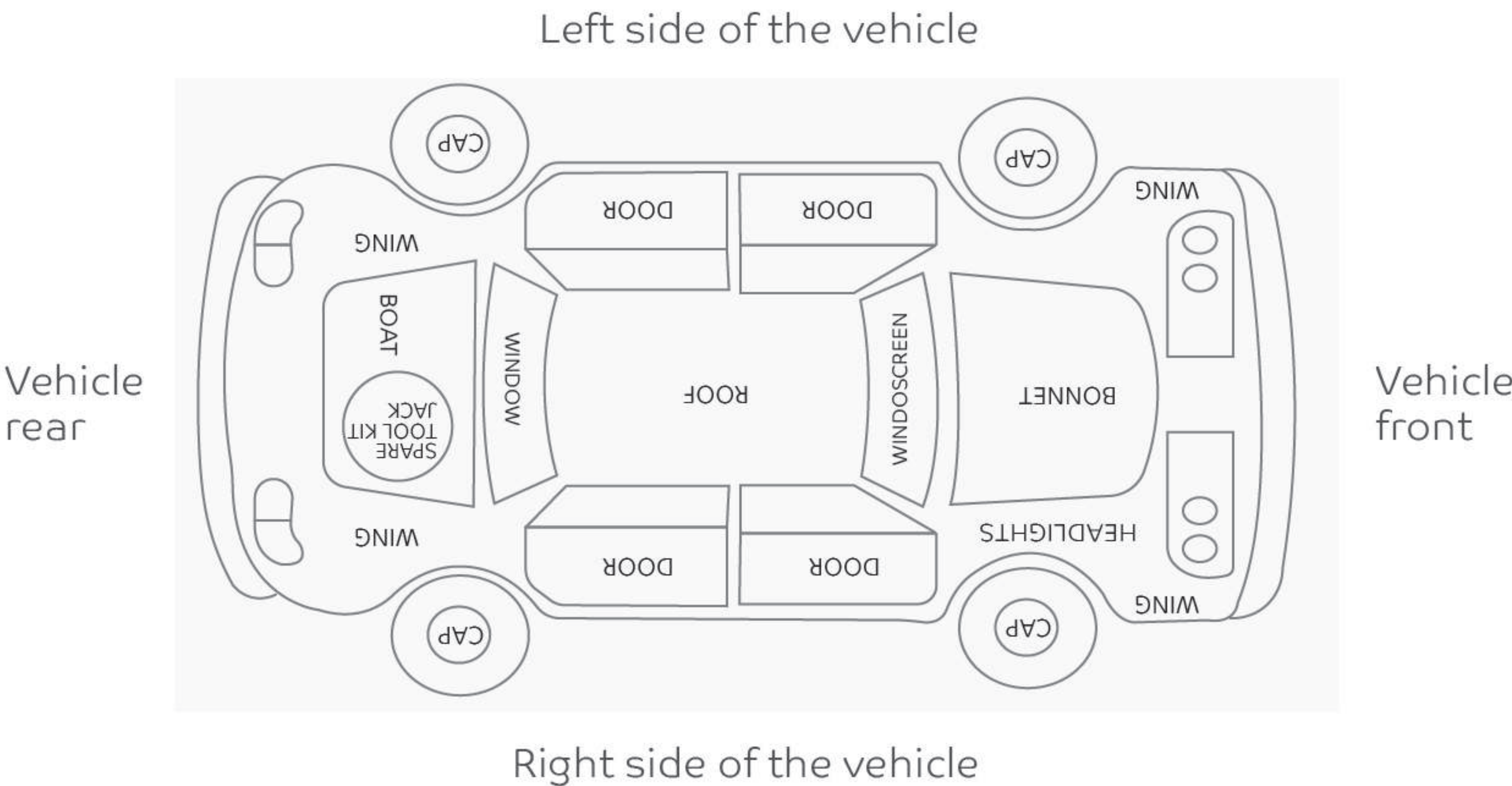
Please attempt to draw the accident

The official stamp of  
companies and institutions

Insured Vehicle Damages: (Please describe the damaged parts of the vehicle)

Current address of the damaged vehicle:

Contact no.:



Product ID:



The number of parties involved in the accident:

Injured parties (if any)

Name	Injury	Hospital	Relationship with the Insured person

Attachments:

- ☐ Original report / traffic / police / legal instrument
 ☐ A copy of the insured vehicle form
- ☐ Third-party vehicle and national identity form (photocopy)
 ☐ A copy of the driver's license
- ☐ The origin of the repair order
 ☐ Other attachments

**Note:** The confirmation of repair is done after receiving the above-mentioned documents in full and completing the necessary procedures.

Declaration:

Insured person's declaration

I, the undersigned, hereby declare that there is no other insurance document which compensation can be obtained in connection with this accident or loss, and I also declare that this vehicle belong to me, and in case of accepting this claim, I / we have assigned all my/ our rights arising from this above-mentioned accident to Arabia Insurance Cooperative Company, and hereby I waive the full amount of recovery due to me / us for this accident and I / we have no objection to paying all amounts and dues arising from this accident to Arabia Insurance Cooperative Company, by transferring the amount into the company's account. Based on this declaration, I am not entitled in any way or at any time to claim this amount.

Driver's declaration

I, the undersigned, certify to my full knowledge and belief that the above information is true and correct and that in case of accepting this claim I / we have transferred all my/our rights arising from the mentioned-above accident to Arabia Insurance Cooperative Company, and hereby I/we waive the entire amount refund due to me/us for this accident and I/we have no objection to paying all amounts and dues arising from this accident to Arabia Insurance Cooperative Company, and transferring the amount into the company's account, and based on this declaration, I am not entitled in any way or at any time claim this amount.

Insured person signature:

Driver's signature:

Date

/

/

Date

/

/

The official stamp of  
companies and institutions

For the employee:

Claim no.:

Endurance:

Consumption:

Claim recipient:

Date:

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Time:

:

Signature: