

Notice of Motor Claim / Motor Claim Form

Please be advised of my/our motor claim as stated per following,

1. Insurance Details

Insured's Name _____
Address _____ P.O. Box _____ U.A.E. _____
Contact Details Mobile 050- _____ Tel _____ Fax _____
Motor Certificate No. _____ Date _____
Motor Policy No. _____ Date _____

2. Driver Details

Driver's Name First _____ Second _____ Family _____
Contact Details Mobile 050- _____ Tel _____ Fax _____
Age of The Driver _____ years old at the time of the accident

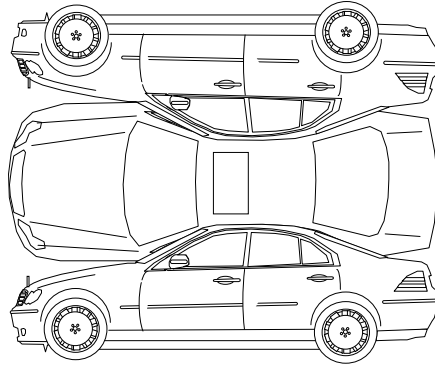
3. Vehicle Details

Make _____ Model _____ Plate No. _____
My Car is (tick one) Agency Imported Parallel Import (includes personal imports) Not Sure

4. Accident Particulars

Date of Accident _____ Time Of Accident _____ [] AM [] PM
Place of Accident _____
Who was at fault as per Police (tick one) Myself Third Party Other (Specify: _____)

Damage Sketch: Please mark part(s) damaged



How did the accident happen? _____

Where is the vehicle available for inspection? _____

5. Third Party Liability (ies)

What damage was caused to the Third Party vehicle or property _____
Name _____ Contact _____
Give details of Third Party personal Injuries, if any. (use separate sheet if necessary)
Name _____ Contact _____
Name _____ Contact _____
Name _____ Contact _____

I / We declare that the particulars mentioned in this Form are true and complete.

Signature of the Insured / Authorised Representative / Stamp (Corporate Clients only)

Date: _____

Attachment: - Original Police Report
- Driving License Copy
- Registration Card Copy (front & back)