

Motor Claim Form

**Motor Claim Form**

**1. Insurance Details**

Motor Policy No:. ............................................................... Insured Name: .................................................................................................

 Address: P.O. BOX...........................................Emirate....................................................................................................U.A.E.

 Contact Details: Mobile No..........................................Tel. No..................................................Email .................................................

**2. Driver Details**

Driver's Name........................................................................................................................................... Age of Driver ............................

 Contact Details: Mobile No..........................................Tel. No.................................................Email:................................................

**3. Vehicle details** Make............................................................Model....................................................Plate No............................................

**4. Accident Particulars**

 Date of Accident...............................................................................Time of Accident.....................................................................AM/ PM

 Place of Accident..............................................................................................................................................................................................

 Who was at fault as per Police Report (Tick) ( ) Myself ( ) Third Party ( ) Other Specify ....................................................................

How did the accident happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Damage Sketch** Please mark the damaged parts

**5. Third Party Liability (ies) (Please fill this section in case you wish to provide details of Third Party/ies involved in the accident.)**

What damage was caused to the Third Party vehicle or property ? ..............................................................................................................................

 ............................................................................................................................................................................................................................................

Give details of Third Party personal Injuries, if any. Name..............................................................Contact..........................................................
(use separate sheet if necessary).

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

**Signature of the Insured / Authorised Representative / Stamp Date**

 **Attachments: 1) Original Police Report, 2) Driving License Copy, 3) Registration Card Copy (front & back)**

**FAX : 04-3502888 OR Email: claim@tmnf.ae**