



Motor Claim Form

I/ We, the referred insurance policy holder declare that the particulars mentioned in this Form are true and complete.

Signature of the Insured / Authorized Representative / *Stamp:

(*Company Stamp is required for company registered vehicle.)

****If No signature, Insured Name and Emirates ID No. are mandatory.**

****Insured (Policy holder) Name:** ****Emirates ID No:**

1. Insurance Details

Motor Policy No: Insured Name:

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

Contact Details: Mobile No.....Email

2. Driver Details

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

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

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

4. Accident Particulars

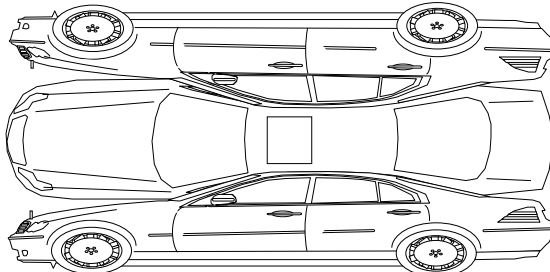
Date of Accident.....Time of Accident.....AM/ PM

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.)

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

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

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

FAX : 04-3502888 or Email: claim@tmnf.ae