

Motor Insurance Claim Form

Insurance Details

**** (For individual customers) Signature is not required If you fill Insured Name and EID No.)**

Motor Policy No: Name of insured: License Plate No:
Brand & Model of Insured Vehicle: **Emirates ID No.

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.)

Driver Details

Driver's Name: Age:
Address:
P.O. Box: Emirate: Mobile No: Email:

Accident Particulars

Date of Accident: Time of Accident (AM/PM):
Place of Accident:
Who was at fault as per Police Report: () Myself () Third Party () Other Specify
How did the accident happened?

Third Party Liability(ies)

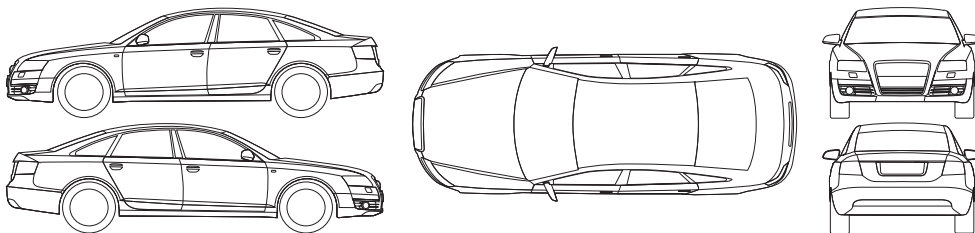
Please fill this section in case you wish to provide details of Third Party/ies involved in the accident.

Give details of Third Party personal Injuries, if any.

Name (Third Party)
Mobile No: Email:

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

Damage Sketch (Please mark the damaged parts)



Attachments (Required Documents): 1. Original Police Report 2. Driving License Copy 3. Registration Card Copy (Front & Back)

Tokio Marine & Nichido Fire Insurance Co. Ltd.

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