



Motor Claim Form For Comprehensive Insurance

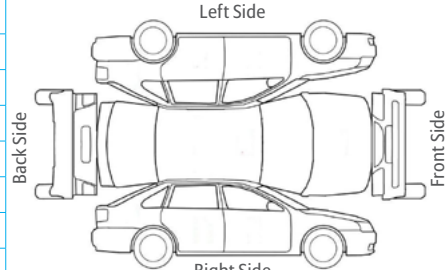
Driver\Owner Information				
Driver's Name		ID/Iqama Number		Mobile Number
Email Address		Owner/Insured's Name		Insurance Policy No:

Vehicle Information				
Manufacturer		Model		Year Make
				Plate No.

Accident Details (Choose One)				
Collision		Injury\Death		Overturning
				Fire
				Partial Theft
				Total Theft
				Natural Disaster

Report Reference Number		Place/City of Accident		Date of Accident	
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Issuer		Najm		Moroor		Other (Please Specify):		Liability %	
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Person's Claimed injury (If any)	Written accident's description:	Determination of damages
		

For survey purposes, please specify:

Current location of vehicle		City	
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Is the vehicle drivable?	Yes	No	Have estimation been obtained?	Yes	No
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In case of theft:					
Was the vehicle ON during theft?	Yes	No	Do you usually keep your car keys inside the vehicle?	Yes	No
Were the vehicle doors locked last time you checked?	Yes	No	Have you made any additional copies of your vehicle keys?	Yes	No
Was the vehicle parked inside a garage during theft?	Yes	No	Have you ever lost your vehicle's original keys?	Yes	No
Is the vehicle equipped with an alarm system?	Yes	No	If lost, have you found the lost key(s)?	Yes	No
Are there traces of broken glass in the theft area?	Yes	No	Do you have all your car keys	Yes	No
How many keys do you own for your vehicle?			How many people have access to your vehicle?		

In case the vehicle was found:

Warrant Cessation Date:		Location Vehicle Was Found		Warrant Number	
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Declaration:

- I declare that the foregoing particular are true and correct. Also declare that there is no other insurance policy through which compensation can be obtained in relation to this accident, and if the car was stolen I declare to notify the company about any updates.
- I agree to grant Allianz Saudi Fransi - for the purpose of studying the claim - The right to inquire from Najm Insurance Services Company or other competent authorities or any company licensed / accredited by the Saudi Arabian Monetary Authority, accordance with the rules of work prescribed for the exchange of information on all data related to this accident or previous accidents, whether related to the vehicle, driver or owner. I also agree to give Allianz Saudi Fransi the right to give that information and my claims to government or other companies licensed by the Saudi Arabian Monetary Authority.

Applicant			Owner	Other
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Name		ID/Iqama Number		Phone Number	
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Date	Signature (Please Print & Sign this document)
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