

Claims Form for Third Party Liability Insurance

Form to be filled completely

Claim Number

Insured Policy Number

Claim Amount

SAR

1. Beneficiary Details

Claim Type Vehicle Damage Injuries Fire Property Death Other

Name

ID/Iqama Number

Email

Mobile Number

PO Box

2. Driver Details

Driver is beneficiary? Yes No

Driver's Name

Mobile Number

3. Accident Details

Accident City

Accident Date/Time

AM
 PM

Accident Processed by Najm Other

Accident Number

Liability % of Beneficiary/Driver 0% 25% 50% 75%

Beneficiary Vehicle Plate Number *

4. Beneficiary Bank Account Details

I declare that when I receive the amount of compensation officially due to me in accordance with the attached estimates and in accordance with the terms and conditions of the policy by transferring the amount to my bank account described below at _____ Bank, I completely absolve the insurance company of all responsibilities that may result from this claim now or in the future. I also acknowledge that I have been compensated for all claims related to this incident.

Beneficiary IBAN

Any error in entering the IBAN will be the sole responsibility of the claim applicant.

5. Acknowledgement and Acceptance

In accordance with the rules for collecting and exchanging insurance information for vehicles, I agree to grant the insurance company the right to inquire, disclose and exchange insurance information with Najm Insurance Services Company regarding the submitted insurance claim or previous claims in order to obtain the insurance record, and I also agree to grant Najm Insurance Services the right to disclose and inquire and exchange insurance information on all my insurance information with members.

I, the undersigned, acknowledge that the information mentioned above is correct

Beneficiary Other

Claim Applicant ID/Iqama Number

Claim Applicant Name

Claim Applicant Mobile Number

Official Relation

Date

Signature

5. Acknowledgement and Acceptance

Documents Complete Yes No

Missing Documents

Date

Employee Name/Number

Signature

(Inspection is in 3days of receiving a complete claim application)

* For vehicle damage