Motor claim form

Complete one form per incident. Report accidents to the police before moving the vehicle.

OFFICE USE
Claim ref. _____

POLICYHOLDER

Full name (as on the policy) _____ Policy number _____

Emirates ID number _____ Mobile number _____

Email address _____

VEHICLE

Make and model _____ Year of manufacture _____

Plate number and emirate _____ Chassis number _____

DRIVER AT THE TIME

Was the policyholder driving?

☐ Yes ☐ No - details below

Driver full name _____ Date of birth _____

Driving licence number _____ Licence issued in _____

THE ACCIDENT

Date of accident _____ Time (approx.) _____

Location (street, area, emirate) _____

Police report number _____ Police station _____

Report colour

☐ Green ☐ Red ☐ Not issued

How did the accident happen? Describe in your own words.

_____

_____

_____

_____

Damage to your vehicle

THIRD PARTY, IF ANY

Name

Mobile number

Plate number

Insurer

Was anyone injured?

☐ No ☐ Yes - give details below

Injury details

WHERE TO PAY THE SETTLEMENT

Complete only if the settlement is to be paid to you directly. Payments are made to the policyholder unless the insurer directs otherwise.

Account holder name

Bank name

IBAN

Account number

DOCUMENTS TO ATTACH

- ☐ Police report (green or red)
- ☐ Driving licence of the driver, both sides
- ☐ Emirates ID of the policyholder, both sides
- ☐ Vehicle registration card (mulkiya), both sides
- ☐ Photographs of the damage
- ☐ Repair estimate, if you already have one

DECLARATION

I declare that the information given on this form is true and complete to the best of my knowledge. I understand that giving false information may invalidate the claim and the policy. I authorise Masters Insurance Brokers to pass this form and the attached documents to the insurer and to act on my behalf in progressing this claim.

Signature

Date

Name in block capitals