



1. Insured information

Claim type: Vehicle Injuries Fire Properties Deaths Other

Name:	ID No.
National address:	Mobile No.
Email:	



2. Vehicle driver information

is the insured the driver? Yes No

Driver's Name	Driver's ID number
Driver's license type	



3. Accident information and details

City/location of accident	Accident date / /
Time of accident <input type="checkbox"/> AM <input type="checkbox"/> PM	Accident reporting operator: <input type="checkbox"/> Traffic officer <input type="checkbox"/> Najm <input type="checkbox"/> Other (please specify)
Liability percentage <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	

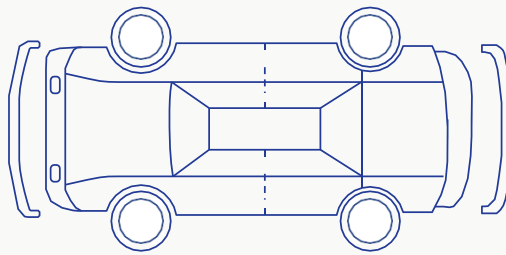


4. Documents attached

If %0 liability or shared liability: <ul style="list-style-type: none"> - Fill the Claim Form - Get Najm / Muror Report - Copy of your Registration Card (Istimarrah) - Copy of your Driving license - Vehicle damage photos - Taqdeer / Repairs Quotations (Other Invoice) 	If %100 liability on you: <ul style="list-style-type: none"> - Fill the Claim Form - Get Najm or Muror Report - Copy of your Registration Card (Istimarrah) - Copy of your Driving license - Vehicle damage photos
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5. Indicate the damage sustained by the vehicle in relation with the accident



6. Acknowledgment and acceptance

In accordance with the rules for collecting and exchanging insurance information for vehicles, I agree to grant the GIG the right to inquire, disclose and exchange insurance information with the company that obtained the approval of the Saudi Central Bank to provide the service of collecting and exchanging insurance information regarding the submitted insurance claim or previous claims, in order to obtain the insurance record, I also agree to grant the company that obtained the approval of the Saudi Central Bank to provide the service of collecting, exchanging and preserving insurance information the right to disclose about the insurance claim submitted by me with the licensed member of the Central Bank.

I, the undersigned, confirm that the above information is correct

Date: / / Signature: