

Fill out the form completely

Claim Number

Insured's insurance policy number

Claim Cost

SAR



1. Claimant

Name

ID No.\ Unified No.

Regularity Authentic Agent Regular representative

Agency No.

Another verification method

Agent's Mobile No.



2. Third party information

Claim type: Vehicle Injuries Fire Properties Deaths Other

Name:

ID No.

National address:

Mobile No.

Email (optional):



3. Vehicle driver information

Third party driver: Yes No

Driver's Name

Driver's ID number

Driver's license type



4. Accident information and details

City/location of accident

Accident date / /

Time of accident AM PM

Accident reporting operator: Traffic officer Najm Other

Third party responsibility percentage 0% 25% 50% 75%

Third party plate number



5. Third party bank account information

I certify the validity of my bank account number shown below in the bank

Third party bank account number (IBAN)

Any error in writing the account number (IBAN) is the responsibility of the claimant

(The claimant must make sure that the IBAN number is correct when receiving this document)



6. Acknowledgment 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 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

Name of the owner of the insurance information:

Date: / /

Signature:

(The claimant must make sure that the IBAN number is correct when receiving this document)



7. For the insurance company

Documents are Complete: Yes No Incomplete Documents:

Date: / /

Employee name/No.

Signature:

Receipt

This bond should be filled from the company's system, and not filled manually.

Dear Claimant,

Thank you for submitting your claim. We would like to notify you that your claim has been submitted. If you have any questions or clarifications, you can contact us directly on the contact number shown below. Thank you.

Claim information:

| | |
|-------------------|----------------|
| Insurance company | Contact number |
| Claim number | Claim date |
| Plate Number | |

Claim status:

| | | |
|--------------------------|-------------------------------------|----------------------|
| Submitted documents are: | <input type="checkbox"/> Complete | Documents Received |
| | <input type="checkbox"/> Incomplete | Incomplete Documents |

Important information - without violating the principles of customer protection

- The customer can submit a complaint to the company's complaints department through the call center or the company's website shown below.
- In the event that the company does not respond, a complaint can be submitted to the Central Bank of Saudi Arabia through the Customer Protection Department, by phone 800125666 or the website: www.samacares.sa

| | |
|--|---|
| Company website | |
| Telephone number | |
| Branch name | Time/Date / / <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Customer Service Agent | Signature |
| Bank name | |
| Third Party Bank Account Number (IBAN) | |

(The claimant must make sure that the IBAN number is correct when receiving this document)

Receipt

Third party rights and responsibilities

1. The company shall, upon receiving the claim, provide the applicant with evidence that it has received the claim.
2. The company is committed to receiving the compulsory insurance claims for vehicles (third party) through all its branches and points of sale affiliated with or affiliated with its agents.
3. The company is committed to settling the claims amounts decided by the competent authorities in a fair and impartial manner without any compromise within the specified periods, starting from the date of receiving the claim with complete documents according to the instructions issued by the Central Bank.
4. The third party can submit a complaint to the Complaints Department of the company, and in the event the company does not respond, a complaint can be submitted to the Central Bank of Saudi Arabia through (Sama Cares) via the phone: 8001256666 or the website: www.samacares.sa
5. The company shall be committed to notify the claimant with the acceptance/rejection of their claim and the case of acceptance (fully/partially), the company shall be committed to clarify the amount of compensations and how to obtain them. However, in the case of rejection, the company shall be committed to the following:
 - A- Provide the claimant with the reasons of rejection (fully/partially).
 - B- Notify the claimant with the possibility of filing a complaint through Samacares website: www.samacares.sa or through the councils of The committee of resolution of insurance disputes and violations mentioned in Article 20 of cooperative insurance companies law, where the complaint can be disputed and resolved through its councils.
 - C- Provide the claimant with a copy of all documents and papers supporting the company's decision if the claimant requested them from the company.

6. If it is not possible to obtain the estimation of the competent authority according to a system for estimating the damages of vehicles. Evaluation Center (Estimation): The company may base the computation of compensation on the estimation of other competent authorities.
7. If the cost of repairing the vehicle according to the evaluation centers (estimation) or the approved workshops exceeds the percentage of loss specified by the evaluation center for the value of the vehicle, the third party shall be compensated based on the market value of the vehicle specified by the competent authority.
8. The rights towards the company
 - A- The rights arising from the claimant shall forfeit if it is proven that the submitted claim involved fraud, or the use of the insured, the driver, their representative, or the claimant is proven. Fraud methods or means in order to obtain a benefit, or liability or damage resulted from a deliberate act of then insured, driver, or claimant, or collusion with any of them. The company has the right to refer to any party who assumes responsibility for this fraud, whether it is a participant or complicit, provided that the company is obligated to compensate the claimant if he is in good faith
 - B- Any insurance dispute arising from this claim is subject to the laws and regulations in force in the Kingdom of Saudi Arabia, and the committees for the resolution of insurance disputes and violations are competent to decide on it.
 - C - No lawsuit arising from the insurance part of this claim shall be heard after the lapse of five years from the date of entitlement of the amount in question, unless there is an excuse that is satisfied by the committees for adjudication of insurance disputes and violations.
9. The insurance company is not entitled to request additional documents other than those mentioned in the receipt voucher as shortcomings of the claim.
10. If the claim is considered complete documents (as shown in the unified form, the company is not entitled to request any additional documents later on the claim)

| Documents Required for Claim Submission (Third Party) | | | | | |
|---|------------|--------------------|--------|-------------------|-----|
| Vehicle damage | A+B | Private properties | 1 + 10 | Public properties | 1+C |
| Injury | 13+ 11 + 1 | | Death | 14+ 12 + 1 | |

| Art. | No. | Required documents |
|------|-----|---|
| A | 1 | copy of the accident report |
| | 2 | copy of the driving license for the third-party vehicle |
| | 3 | copy of the agency if the application is submitted by the agent |
| | 4 | A copy of the identity of the vehicle owner (the third party) or the commercial register in corporate claims |
| B | 5 | A copy of the damage estimation from the competent authority regarding a vehicle damage estimation system in the absence of an assessment center (estimation) |
| C | 6 | Photos of three property damage assessments |
| | 7 | A copy of the invoices for the damaged goods (in case the goods were damaged) |

| Art. | No. | Required documents |
|------|-----|--|
| D | 8 | A copy of the proof of ownership of the property |
| | 9 | A picture of property damage |
| E | 10 | Copy of receipt received for public property damage |
| | 11 | A copy of the medical report issued by the hospital in cases of injuries |
| | 12 | A copy of the death certificate (in case of death) |
| | 13 | A photo of the letter of the appraisers of rights |
| | 14 | A copy of the deed of determination of heirs issued by the court |