

MOTOR CLAIM FORM

POLICY HOLDER

Insured Name : Policy #:
Policy Period : From \ \ To \ \
Tel No. : Fax No
.....

INSURED VEHICLE

Make of Vehicle: Plate No.
Model: Chassis No. : Purpose of Use:

DRIVER

Name of Driver : Nationality :
Age: Driving License No. & Type:
ID No. Tel No.

ACCIDENT

Type of Claim : 1- Damage to Insured Vehicle 2-TP Vehicle 3-Theft 4-Fire
5-Over Turn 6- Natural Perils 7-TP Property 8- Bodily Injury 9- Death

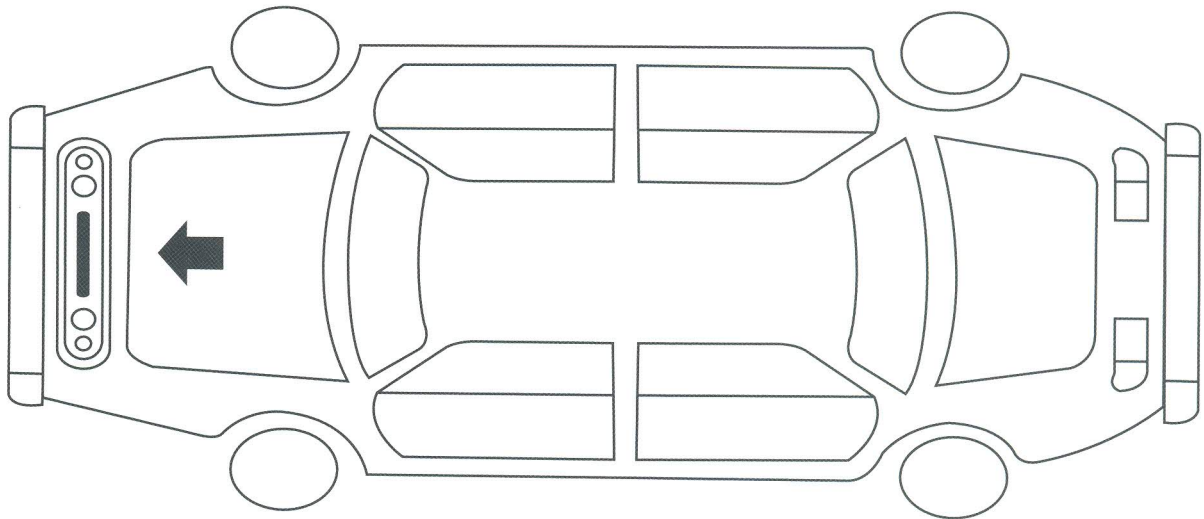
Place of Accident:
Is there any Injury or Death?
Is there any Third Party Property Damages ?.....
Is there any Third Party Vehicle Damages ?.....
(If your answers~YES~ Please give us percentage of fault for each party)

Description of Accident:.....
.....
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EXTENT DAMAGE OF INSURED VEHICLE

Extent Damage of Insured Vehicle:
Is the Damaged Vehicle can be Drive:
Current location of the Damaged Vehicle:

Mark the Damages Parts on the below Draw:



I / We declare the above to be true to the best of my / our knowledge and believe and hereby authorize Amana Cooperative Insurance Co. and /or their legal advisor to deal with the matters on my / our behalf.

Repair approval Will be after receiving all the required claim documents.

Vehicle Delivery Will be after settling the Excess. Depreciation subject to policy Conditions.

Date: Driver Signature: Insured Signature: