



Alfalsh Insurance

Window Takaful Operations

Claim No: _____

Policy No : _____

The **Operator** does not admit liability by the issue of this form.
In the event of accident or damage to your Vehicle it must
Immediately be reported to the Police.

01. Participant name _____
02. Address _____
03. Make of Vehicle _____ Model _____ Reg # _____
04. State date and time at which accident occurred _____
05. Please explain how the accident / Theft / Snatching took place and for what purpose was the Vehicle being driven _____

06. At what speed was the Vehicle being driven _____
07. Driver Name _____ Licence No _____ Expiry Date _____
08. State name and address of all occupants of your vehicle _____

09. Was the driver or any other occupants of your Vehicle injured? If so give particulars _____

10. Has the accident been reported to Police? _____ Did a Police Officer take Particular? _____
Did he witness the accident _____ Sate Police Officer name _____
Station to which attached _____
11. Sate who in your opinion was to blame for accident and why _____

12. Name, address and occupation of such person responsible for accident _____

13. Is Police action pending against any person as a result of the accident? _____
If so against whom, and what is the charge? _____

14. Sate probable cost of repairs in your opinion _____
15. Where can the Vehicle be inspected and state your repair _____

IF THIRD PARTY HAS BEEN INJURED OR DAMAGE HAS BEEN CAUSED TO THE VEHICLE OR OTHER PROPERTY OF THIRD PARTY, PLEASE ANSWER THE FOLLOWING ADDITIONAL QUESTION :- _____

01. Name and address of person injured or owner of other Vehicle or property damaged _____

02. Nature of bodily injury _____

03. Nature of damage to other Vehicle or property _____

04. Make of other Vehicle _____ Registration No. _____

05. Has any claim made against you? _____

N.B. In no circumstances will payments in respect of the above be entertained without the written approval of the Operator .

PLAN

(please draw a diagram of the accident)

I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect, and authorise you to lodge a claim on my behalf against the third party (if any).

Date _____ 20

Witness _____

NB. All questions must be answered.

Participant Signature & Stamp