

# MOTOR TRADE CLAIM ADVICE



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

Policy No.

Claim No.:

## THE INJURED (POLICY HOLDER)

1. Insured Name			
1. Workshop/Service Centre Location			
3. Contact Person Name		Telephone	

## THE ACCIDENT

Date of Accident		Time	
Place of Accident			

5. 1 Nature and Cause of Loss/Damage: (To Own Property)
5.2 Nature and Cause of Loss/Damage: (To Third Party Property/Vehicles)
6. Full Details of Loss or Damage

Contd...2

**Damaan Islamic Insurance Company – Beema (Q.P.S.C)**

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

# MOTOR TRADE CLAIM ADVICE



7. Estimated Repair Cost	
Please enclose repair estimate	Yes
8. Whether the Police were informed of the accident?	
(If yes, please enclose Police Report.)	No
9. Name (s) and address of other person (s), if any, involved in the accident:	
10. Name (s) and address of witness (es):	

Date:	Office Name and Seal	Signature of the Insured
-------	----------------------	--------------------------

**Damaan Islamic Insurance Company – Beema (Q.P.S.C)**

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000