نور للتكافل
NOOR TAKAFUL

MOTOR CLAIM FORM

1. TAKAFUL DETAIL

Participant's Name .....

Address P.O.Box ..... U.A.E.

Nationality ..... Age ..... Date of Birth (dd/mm/yyyy) .....

Mobile No. ..... Tel. ..... Fax .....

Takaful certificate No. ..... Date ..... Passport/ID No. .....

2. DRIVER DETAILS

Driver's Name .....

Address P.O.Box .....

Occupation ..... Relationship with Participant ..... Age .....

Date of Birth (dd/mm/yyyy) ..... License No. ..... Type .....

3. VEHICLE DETAILS

Make ..... Model ..... Plate No. .....

Chassis No. ..... Color ..... Date of First Registration as New .....

4. ACCIDENT PARTICULARS

Date of Accident ..... Time ..... ☐ AM ☐ PM

Place of Accident .....

Who was at Fault as per Police? ☐ Myself ☐ Third Party ☐ Others Specify .....

How did the accident happen? .....

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Where the vehicle is available for inspection? .....

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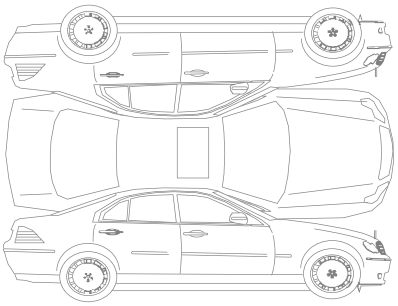
Damage Sketch: Please mark part(s) damaged
Details of Estimation :



5. THIRD PARTY LIABILITIE

What damage was caused to the
Third Party vehicle or property .....

Give details of Third Party personal Injuries, If any

Name ..... Contact .....

Name ..... Contact .....

Name ..... Contact .....

Name ..... Contact .....

Details of other Vehicle (Make & Model) .....

I/We declare the particulars given in the form are true and complete.

Signature of the Partipant / Authorised Representative / Stamp (Corporate Clients only) Date .....

Noor Takaful Claims Department | P.O. Box 49998, Dubai, United Arab Emirates
Tel: 04 4268268 | Fax: 04 4268399 |E-mail: claims@noortakaful.com | www.noortakaful.com