

MOTOR ACCIDENT DECLARATION

CLAIM #: _____

POLICY #: _____

Accident Date: _____ Time of Accident: _____ Accident Place: _____
dd/mm/yyyy hh/mm Street Town

INSURED'S VEHICLE						
OWNER OF VEHICLE	Name: _____ Family _____ First _____ Father _____					
	Address: _____ Building _____ Street _____ Town/City _____ Muhafaza _____ Country _____ Telephone _____					
DRIVER	Name: _____ Family _____ First _____ Father _____ Date of Birth (dd/mm/yyyy) _____					
	Driving License #: _____ Valid from: ____/____/____ to ____/____/____					
	Type: Private <input type="checkbox"/> Commercial <input type="checkbox"/> Category No.: _____					
VEHICLE SPECS	Make	Year	Type	Engine #	Chassis #	Plate #

Describe the damages sustained by the insured car: _____

THIRD PARTY VEHICLE						
OWNER OF VEHICLE	Name: _____ Family _____ First _____ Father _____					
	Address: _____ Building _____ Street _____ Town/City _____ Muhafaza _____ Country _____ Telephone _____					
DRIVER	Name: _____ Family _____ First _____ Father _____ Date of Birth (dd/mm/yyyy) _____					
	Driving License #: _____ Valid from: ____/____/____ to ____/____/____					
	Type: Private <input type="checkbox"/> Commercial <input type="checkbox"/> Category No.: _____					
VEHICLE SPECS	Make	Year	Type	Engine #	Chassis #	Plate #

Insured with: _____ Policy #: _____
(Name of the Insurance Company)

Describe the damages sustained by the TP car: _____

BODILY INJURIES

Name of Injured: _____
Family _____ First _____ Father _____

Nature of Injury: _____ Hospital Name: _____

Is he/she:
Driver of Insured vehicle Driver of TP vehicle Passenger of insured vehicle Passenger of TP vehicle Pedestrian Cyclist

Relationship with the Insured:
Father Mother Son Daughter Husband Wife Brother Sister Other No Relation

Was an accident report issued by the traffic police? If "Yes", please state the precinct and report date:

DESCRIPTION OF THE ACCIDENT

I declare according to my knowledge that the information contained therein is true and complete on my personal responsibility

Name: _____ Declaration Date: _____ Signature: _____