



MOTOR VEHICLE ACCIDENT REPORT FORM

| INSURED | | DRIVER | |
|------------------|-----------------------------|---|-----------------------------|
| Policy No: | | Name: | |
| Expiry date: | | Address: | |
| Insured(s) Name: | | Occupation: | |
| Address: | | Nationality: | |
| | | Relationship to insured: | |
| Occupation: | | Age: | Date of birth (dd/mm/yyyy): |
| Nationality: | | Email: | Mobile No: |
| Age: | Date of birth (dd/mm/yyyy): | Telephone No: | Fax No: |
| Telephone No: | Mobile No: | Driving license No: (Please attach copy of the driver's license) | Type: |
| Email: | | License expiry date: | License issued date: |

| VEHICLE (ATTACH MULKIYA COPY) | | |
|-------------------------------|----------------------|------------------------------------|
| Make & Model: | Year of manufacture: | Plate No: |
| Chassis no: | Colour: | Date of first registration as new: |

| ACCIDENT | | | |
|--|----------------|---------------------------------------|--------------|
| Place: | Time: | Date: | |
| Was a police report issued: | Yes/No | Name of police station: | |
| If not issued write the reason: | | | |
| Are you liable according to the police report: Yes/No | | Are you summoned to the court? Yes/No | |
| For what purpose was the vehicle being used at the time of the accident: | | | |
| How did the accident happen: | | | |
| Details of amount recovered from third party: | | | |
| Describe the damages to your vehicle/or attach estimates: | | | |
| Details of other vehicle (make & model): | | Plate No: | |
| Describe in detail the damages to third party vehicle &/or property (if any): | | | |
| Contact details of third party: | | Tel No: | |
| Was any person injured? Yes/No (If yes, please provide details with name & your relationship) | | Names | Relationship |
| | Own passengers | 1 | |
| | | 2 | |
| | | 3 | |
| | Others | 1 | |
| | | 2 | |
| | 3 | | |

| DECLARATION | |
|--|-------|
| I declare that these particulars are true and the submission of this claim form does not constitute admission of liability on the part of Liva Insurance B.S.C.(c) | |
| Signature of insured &/or driver | Date: |

*If you require additional space for your answers please attach additional sheet.