

Motor Insurance Claim Form

Policy No.

558932145

A. INSURED & DRIVER DETAILS

Insured	Full Name	Omer Perez		
	Email	Omerp@wonderful.ai	Mobile No.	054-7740334
	Correspondence Address	Menakhem Begin Rd 121, Tel Aviv		
	GST Registration No. (If registered)		Date of registration	
Driver (if not insured)	Full Name		Relationship with the insured	
	Email		Mobile No.	
	Correspondence Address			

* Driving License Number of the person driving the car at time of accident: _____

B. VEHICLE DETAILS

Make	Subaru	Model	Forester	Registration No.	34-567-89
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C. LOSS DETAILS

Date (DD MM YY)	Time	Location	
Type of Loss/ Damage	<input type="checkbox"/> Own Damage <input type="checkbox"/> Theft	<input type="checkbox"/> Own Damage/ Knock for Knock <input type="checkbox"/> Notification only	<input type="checkbox"/> Windscreen Damage
Anybody Injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report Lodged? <input type="checkbox"/> Yes (Report No.:) <input type="checkbox"/> No	
Description of Loss/ Accident *If space is insufficient, please give details in a separate paper.			

* If accident sustained Bodily Injury or Third Party Property Damaged, please complete the Annexure 1.

D. BANK ACCOUNT DETAILS (if reimbursement claim)

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

Name (as per bank account)		Bank Name	
Account No.		Bank Branch	

* Payment advice will be sent to your email. Please check if your email address is given in Section A.

E. DECLARATION & CUSTOMER'S DATA PRIVACY NOTICE

[Declaration] /We hereby declare that the above statements and facts are true, copies of documents are identical with the original one, and that /We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Date: _____

Signature of Insured: _____