



Motor Claim Intimation Form

Claim Information

(All boxes must be completed in BLOCK letters)

Name of the insured/registered owner	Accident reported in the insurance / Reported by Mr./Ms.	
Driver's name and age	Date of accident	
	Policy No.	
Mobile no. / Telephone No.	Vehicle Details	Make
		Model
		Plate No.

Accident Details

I, the undersigned, confirm that I am the registered owner of the insured vehicle and I wish to claim the benefits under the Motor Policy and declare that all the particulars given above are true and accurate to the best of my knowledge. In addition, I authorize and request any relevant party to furnish the Motor Department of ASCANA Takaful with the complete information including copies of their records in connection with the services provided to me or to my company. I also agree that a copy of this consent shall have the validity of the original.	
Signature	Date