



**Dhivehi Insurance Company Pvt. Ltd.**  
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### FOR OFFICE USE ONLY

## Claim Form Motor Insurance

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

#### A. INSURED & DRIVER DETAILS

Policy No.		
Insured	Full Name	
	Email	Mobile No.
	Correspondence Address	
	Postcode	
Driver	License No.	
	Full Name	Relationship with the Insured
	Email	Mobile No.
	Correspondence Address	
Postcode		

#### B. VEHICLE DETAILS

Registration No.	Make and Model
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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"/> Third Party Liability	<input type="checkbox"/> Theft	<input type="checkbox"/> Notification Only
Anybody Injured?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Police Report Lodged?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of Loss/Accident (If space insufficient, please give details in a separate sheet)	
Estimated claim amount for own damage	<input type="text"/>
Estimated claim amount for third party bodily injury	<input type="text"/>
Estimated claim amount for third party property damage	<input type="text"/>

**E. DECLARATION**

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

(If a Limited Company, give status of signatory and affix company's rubber stamp)

**DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT**

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.

Type of Loss/ Damage	Documents Required (Please tick against the documents you have submitted.)
Basic for all types	<input type="checkbox"/> Completed Claim Form <input type="checkbox"/> Copy of Driver's Driving License <input type="checkbox"/> Copy of Insured's Identity Card - if Insured is not the Driver <input type="checkbox"/> Police Report
If applicable below:	
Own Damage/Theft	<input type="checkbox"/> Scene of Accident Photographs <input type="checkbox"/> Copy of Hire Purchase Agreement
Third Party	All the above Own Damage documents plus <input type="checkbox"/> Third Party(s) Police Reports <input type="checkbox"/> Police Outcome