

Beneficiary Claim Form (Compulsory Motor Insurance)

Please fully complete this form

Claim Number

Policy Number

Money Claimed

SAR

1. Policyholder's details

Claim Type Vehicle Injury Fire Property Death Others

Name

ID Number

Email

Mobile Number

Postal Code

2. Vehicle driver details

The driver is the Beneficiary Yes No

Drivers Name

Drivers ID Number

3. Accident details

City & Place of
the Accident

Accident date & time

am
 pm

Accident followed by

Najm
 Other

Police Report No.

The beneficiary or Driver's responsibility rate in percentage

% 75 % 50 % 25 % 0

Beneficiary

Vehicle Plate No.

4. Beneficiary's bank account details

I acknowledge that upon receiving my amount of compensation in accordance with the attached estimates and in accordance with the terms and conditions of the policy by transferring the amount to my bank account shown below to bank _____, the insurance company has been fully and definitively discharged all liabilities that may arise from this claim now or in the future. I also acknowledge that all claims related to this incident have been compensated

Beneficiary Bank

Account Number (IBAN)

The applicant is fully responsible
for any mistakes written in the
account number (IBAN)

5. Declaration

In accordance with the rules of collection and exchange of insurance information for vehicles, I agree to grant the insurance company the right to inquire, disclose and share insurance information with Najm Insurance Services in respect of the insurance claim submitted or previous claims in order to obtain the insurance record. I also agree to grant Najm Insurance Services the right to disclose, inquire and exchange insurance information on all insurance information pertaining to me with members.

I hereby declare that the information given above are true and accurate

Beneficiary Another Person

Claimant ID Number

Claimant Name

Claimant mobile Number

Legal capacity

Date

Signature

6. For the Insurance company use

Documents are complete Yes No

Missing Documents

Date

Employee
Name/No.

Signature

Inspection is done within 3 days from receiving all the completed claim documents

Receipt

This receipt must be printed from the company and not filled by hand

Claim No.

Dear Claimant

Thank you for submitting your claim. We would like to notify you that your claim has been received. For any inquiries or clarification, please contact us directly on the number shown below.

920003655

Claim Details

Insurance company	Contact No.	Policy No.	Claim date	Plate No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Status

Documents received Complete Received documents

Incomplete Missing documents

Inspection is done within 3 days from receiving all the completed claim documents

Important Information - Without violating customer protection principles

The Company shall settle the amounts of claims determined by the General Directorate of Traffic or by Najm Insurance Services or by the authority licensors under the unified document for compulsory insurance of vehicles with fairness and integrity without any bargaining within a maximum period of 15 calendar days from the receipt date of the completed claim documents.

Client can file complaints to the company's complaints handling department through the Call Center or the company's website mentioned below:

Website www.wataniya.com.sa Phone No: 920003655

In case the company fails to respond to the client's complaint, a complaint can be filed to Saudi Central Bank (SAMA), customer protection department: Tel No: 8001256666 or website: www.samacares.sa

Branch Name	<input type="text"/>	Date & Time	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm
Employee Name/No.	<input type="text"/>	Signature	<input type="text"/>	
Bank Name	<input type="text"/>			
Beneficiary Bank Account Number (IBAN)	<input type="text"/>	The claimant shall insure the accuracy of the IBAN number upon receiving this document		

Customer Protection Principles

Rights and responsibilities of the beneficiary:

1. Upon receipt of the claim, the company is obliged to provide the applicant with receipt of the claim.
2. The Company undertakes to settle the amounts of the claims determined by the competent authorities with fairness and integrity without any compromise within a maximum period of fifteen days from the date of receiving the claim completed document.
3. Beneficiary can file complaints through the company's complaints handling department. In case the company fails to respond to the client's complaint, a complaint can be filed to Saudi Central Bank (SAMA), through SAMA Cares: Phone No: 8001256666 or website: www.samacares.sa
4. The company is obliged to inform the claimant of the acceptance or rejection of the claim. In case of partial or total acceptance of the claim, the company is obliged to clarify the amount of compensation and the method thereof. However, in case of rejection, the company is obliged to:
 - a. Provide the claimant with the partial or total rejection reasons.
 - b. Inform the applicant of the possibility of filing a complaint through the SAMA Cares website www.samacares.sa or submit the case to the committees for the settlement of disputes and insurance violations provided for in Article 20 of the Cooperative Insurance Companies Control Law for consideration by the committees.
 - c. Provide the claimant with a copy of the files and documents supporting the company's decision in case the claimant requested them.
5. The company is obliged to compensate the beneficiary with all the costs resulted from non-use of the damaged vehicle caused by the company's delay of settling the claim within fifteen days upon fully receiving the claim documents.
6. The insurance company shall not be entitled in estimating the compensation to rely on the estimate of the authorized damages evaluators (Sheikh of Maaridh) unless the vehicle repair cost exceeds 50% of the market value of the vehicle or the inspection shows that the vehicle is damaged and can not be repaired by obtaining a copy of the report approved by the company's inspector and the Insurance company affords all the expenses related to the tolling and assessment of the vehicle.
7. Rights towards the company:
 - a. The claimant's rights concerning the claim arising from fraud or use of the insured or the driver or their representative or the claimant shall be extinguished by means of fraudulent methods or means of obtaining a benefit or result in liability or damage from the insured, the driver or the claimant or collusion with any of them. The Company shall have the right to refer to any party found responsible for such fraud, whether involved or complicit, provided that the Company undertakes to compensate the Claimant if it is of good faith.
 - b. Any dispute arising out of this claim shall be governed by the laws and regulations applied in Saudi Arabia. Such disputes shall be determined by the committees for the settlement of disputes and insurance violations.
 - c. No claim arising out of this claim shall be heard after five years have passed from the occurrence of the incident in which the case arose and the interest of the concerned parties to be notified, unless there is an excuse to be accepted by the Committees for the Settlement of Disputes and Insurance Violations.
8. The insurance company has no right to claim any further documents other than the ones mentioned in the receipt as the claim missing files.

Documents required to submit a claim (Beneficiary)

Vehicle damage	Public property	Private property	Injury	Death
A+B	10+1	1+C	A+11+13	A+12+13+14

Section	No.	Required Documents	Section	No.	Required Documents
A	1	The original Accident Report and drawing	C	8	A Proof copy of property ownership
	2	Copy of the driving license & registration card of the beneficiary		9	Photographs of damaged properties
	3	Copy of the Vehicle owner's ID (beneficiary)		10	The original received of the damaged public properties
	4	Bank Account No. (IBAN) of the vehicle's owner	11	The original medical report issued by the hospital in case of injuries	
B	5	Original three workshop estimates and original spare parts estimated cost (Sheikh of Maaridh)	D	12	The original death certificate (In case of death)
C	6	The original of three estimates of damaged properties		13	The original judgment issued by the court
	7	The original invoice of the damaged goods (If any)		14	The original inheritance declaration issued by the court