

PUBLIC LIABILITY CLAIM FORM

(The issue of this form is not to be taken as an Admission of Liability)

Policy Holder Details
Name/ Business name :
Policy Number :
Address :
Tel.No. :
Occupation :
Accident Details (Describe how and where the accident occurred including date and time)
Name and address of the other party
Has a claim been made by the other party? Yes/ No



شركة بنك الدوحة للتأمين المحدودة
Doha Bank Assurance Company LLC

A 100% owned subsidiary of Doha Bank

Was there a witness to the accident? – Yes/ No
If yes, name and detailed address of the person

Do you have a public Liability policy with another Insurer? Yes/ No
If yes, name and address of the company

Declaration:

1. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect and agree that if I have made any false or fraudulent statement of there be any suppression or concealment, the policy shall be cancelled and the claim shall be forfeited.
2. I/We have received a list of documents with this claim form and have understood all the requirement to be fulfilled for administration of this claim and the Company shall not be held responsible for any delay in settlement of claim due to non-fulfillment of requirements including the documents as mentioned above.
3. I/We agree to provide additional information to the Company, if required.

Name:

Signature of the Insured

Date: