



## THE NEW INDIA ASSURANCE COMPANY LIMITED

P. O. Box 2907, Postal Code 112, Ruwi, Sultanate of Oman  
Tel: 24771600; Fax: 24707260; E-mail: niamct@omantel.net.om

### GNU CYCLONE CLAIMS – 6<sup>TH</sup> & 7<sup>TH</sup> JUNE 2007 MOTOR CLAIMS REGISTRATION FORM

1	Name of the Insured	
2	Vehicle Registration No. / Chassis No.	
3	Vehicle Make & Model	
4	Policy No. & period of Insurance	
5	Type of Cover	Comprehensive with STF
6	Location of vehicle	
7	Telephone No. / GSM No.	
8	Fax No. / E-mail ID, if any	
9	Insured Value RO	
10.	Photographs	
11	Garage Name & Telephone No., if vehicle at garage	
12	Estimate of repairs	

#### Notes to Clients:

1. For intimation & registration of claim with the insurance company, this form needs to be filled up and submitted.
2. Along with the claim form ROP report to be submitted
3. Vehicle should not be moved unless carried by a breakdown vehicle to a safer place
4. Vehicle should not be started if in wet condition
5. Photographs to be taken
6. Documents to be submitted: Policy copy, Mulkiya copy, claim form, Police Report
7. Remove all valuables, personal belongings, tools and movable items

The claimant can contact : Mr Kutty : 24771615; Mr Abhilash 24771632