

## Sadra Insurance Company Claim Form



### Policyholder Information:

Full Name: \_\_\_\_\_

Tazkira Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Claim Details:

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_



تعهد ما، پرداخت خسارت شما

**Description of Incident:** (Please provide a detailed description of what happened and the circumstances surrounding the incident.)



**Witness Information (if applicable):**

Full Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Police Report Information (if applicable):**

Police Station: \_\_\_\_\_

Report Number: \_\_\_\_\_



**Documentation Checklist:** (Please provide the following documents to support your claim)

Proof of Loss (e.g., photographs of the damaged vehicle, medical reports, etc.)

Copy of Driver's License

Copy of Vehicle Registration Certificate

Repair Estimates (if applicable)

Original Receipts and Invoices for Expenses Incurred

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I authorize Sadra Insurance to investigate and process this claim and to obtain any necessary information from relevant parties.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit the completed claim form and supporting documents to Sadra Insurance at the following address:

Sadra Insurance Company, 17 Street, Wazir Akbar Khan, Kabul, Afghanistan

For any inquiries or assistance, please contact Sadra Insurance's Claims Department 0093 (0) 774011590 or Email at [claims@sadrainsurance.com](mailto:claims@sadrainsurance.com)

**Note:** Please retain a copy of this claim form for your records.