



បែបបទទាមទារសំណងលើទោចក្រយានយន្ត / MOTORCYCLE INSURANCE CLAIM FORM

1/ ព័ត៌មានអំពីអ្នកត្រូវបានធានារ៉ាប់រង / POLICYHOLDER INFORMATION

Form with 3 rows: Name/Policy Number, Occupation/E-mail, Address/Phone Number

2/ ព័ត៌មានអំពីអ្នកបើកបរ / DRIVER INFORMATION (បណ្ណបើកបរថតចម្លង / COPY OF DRIVING LICENCE)

Form with 6 rows: Name/Phone Number, Address/Occupation, Purpose of driving/Relationship, Valid licence?, Responsible for accident?, Drinking/drugs?, Other insurances?

3/ ព័ត៌មានអំពីទោចក្រយានយន្ត / MOTORCYCLE INFORMATION

Form with 2 rows: Make and Model, Registration Number

4/ ការខូចខាតទោចក្រយានយន្តផ្ទាល់ខ្លួន / OWN DAMAGE (តារាងតម្លៃជួសជុលថតចម្លង / COPY OF QUOTATION)

Form with 2 rows: Details of Damage/Workshop Name, Estimated Cost of Repairs/Phone Number

5/ ការខូចខាតទ្រព្យសម្បត្តិរបស់ភាគីយេន / THIRD PARTY PROPERTY DAMAGE

Form with 2 rows: Type of Property, Name of the Property's Owner

