

Recovery Request

Draft

Messrs : إستردادات مؤقتة - شركة الراجحي للتأمين التعاوني

Date : 15/02/2021

Claim Recovery : 2323/2021

Dear Sir,

Our Claim No : 2/10/29/1/21/108/C188
Loss Date : 26/01/2021
Police Report No : 6001058092
Our Insured / Driver : محمد حيان فاهد / National Commercial Bank (A/C)
Our Vehicle Plate No : 2524 ب ب د Hyundai
Your Insured / Driver : يوسف علي الظيران / نفسه
Your Policy No. :
Your Vehicle Plate No : 11 س ه س
Your Vehicle Type : Chevrolet

As you are aware in the above accident ,your insured was found guilty by traffic police and ordered to compensate our insured for damages to his vehicle of SAR 12662 and now submit the folowing documents in support of our claim :-

- 1) Copy of Policy Report/Court Verdict.
- 2) Copy of Estimates.
- 3) Discharge receipt duly signed by our insured.
- 4) others

You are kindly requested to forward your credit note/cheque for the amount of SAR 12662 in settlement of our claim.

However, if you have any objection, please let us know within two weeks from the mailing date of this letter , Otherwise the claim will be considered as accepted and the above stated amount will be debited to your account .

Trade Union Cooperative Insurance Company
