

Deliveroo Kuwait - Incident Report Form

Please fill in the details and email this form to Fga_claims@warbaonline.com

1. Details of Rider (mandatory)

Rider ID Number

Name of Rider

Name of Contracting Agency of the Rider

Phone Number of Rider

Email address of Rider

Type (Please insert "X" in applicable box)

Walker Bicycle Scooter

Car E-scooter

Language spoken by Rider

English Hindi/Urdu Arabic

2. Details of incident (mandatory)

Date

Time

Location

Description in detail

3. Details of Witness (if Any)

Name

Phone Number

Email Address

Witness Statement Yes No Please attach in email, if yes

4. Photos taken at scene Yes No Please attach in email, if yes

5. Police Report Number (mandatory) Please attach Police Statement in email

6. Details of Loss

Rider Bodily Injury – please provide full details of the injuries that you have suffered. (Please include dates of any medical expenses incurred/hospital confinement dates and contact details for treating facility and treating physician)

7. If personal belongings lost or damaged as a result of assault, please list items here

8. Details of person completing this form (if other than the Rider)

Name

Phone Number

Email Address

Declaration

I / We declare that the particulars provided in response to the questions contained in this Incident Report Form are true and correct, and I / We have not suppressed, misrepresented or misstated any relevant fact.

I / We consent to your use of any personal information included in this Incident Report Form in accordance with your Privacy Policy, which is accessible in the policy document.. I / We understand that failing to provide such personal information may prevent you from assisting with an insurance claim.

I/We accept

Full Name &
Signature

Date