

# Vehicle claim report form



1. <b>Time of the accident:</b> year ..... month ..... day ..... hours ..... minutes	
2. <b>Location of the accident:</b> .....country .....city/town .....road/street .....house number	3. <b>Any police action taken?</b> <input type="checkbox"/> yes <input type="checkbox"/> no ..... Police station
4. <b>Witnesses:</b> Name: (passenger, driver) ..... Home address: ..... Name: (passenger, driver) ..... Home address: .....	
5. <b>Registration (licence plate) number of vehicle reported:</b> ..... <b>Type:</b> .....	
6. <b>Vehicle identification number of vehicle reported:</b> .....	
7. <b>Vehicle registration certificate number:</b> ..... <b>Period of validity:</b> .....	
8. <b>Owner's name:</b> .....	<b>Name of operator/lessee:</b> .....
<b>Address:</b> .....	<b>Address:</b> .....
9. <b>Driver (for individuals authorised to drive parked vehicle)</b> <b>Name:</b> ..... Phone: ..... <b>Address:</b> ..... <b>Driving licence number:</b> ..... <b>Period of validity:</b> .....	
10. <b>Other participants:</b> Registration (licence plate) number: ..... <b>Type:</b> ..... <b>Colour:</b> ..... Registration (licence plate) number: ..... <b>Type:</b> ..... <b>Colour:</b> .....	
11. <b>Any personal injury occurred?</b> <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> Name: ..... <b>Address:</b> ..... driver, passenger, pedestrian / light, severe, fatal Name: ..... <b>Address:</b> ..... driver, passenger, pedestrian / light, severe, fatal	
12. <b>Other objects damaged in the accident:</b> <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> Description: .....	
13. <b>Has the vehicle been previously damaged?</b> <input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b> ..... year ..... place of damage ..... settled by an insurer	
14. <b>Where can the vehicle be inspected?</b> .....	

**15. Statements:**

Who do you think is responsible for the loss?  me  the other party  both  
Please settle the loss  CASCO  in advance based on my CASCO insurance.  
I was under the influence of drugs, alcohol or medication that adversely affects driving:  yes  no

I declare that the information provided on the causes of the loss, the damages and personal injuries caused is true. I consent to the processing of my data by the Insurer competent for handling the claim, within the scope of the contract, to its transferring them to another business with whom it has a contractual relationship as part of a lawfully outsourced insurance activity, that complies with the statutory requirements on the confidentiality of insurance secrets and on data processing. With my signature, I consent to its making a photocopy of my documents and licences required for the assessment of the service and the settlement of claims. I also consent to granting access to the Insurer competent for handling the claim to records of the Police and the Prosecutor's Office, using this personal data in connection with this claim and insurance event, and that a copy thereof be provided to it.

Date: ..... , ..... year ..... month ..... day

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owner / operator / lessee

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driver

