

Claim number [] [] [] [] - [] [] [] [] [] [] [] [] [] [] [] []

Motor claim notification form

Please fill in this form carefully (legibly and without deletions) without omitting any of the fields. Please use "x" for the appropriate answer in "Yes" or "No" questions and delete inappropriate answer in questions and expressions with an asterisk "**".

Claim under policy Allianz third party insurance Allianz comprehensive insurance Other insurance company _____

No. of policy the claim is to be adjusted under _____

Date of accident (d-m-y) [] [] [] [] [] [] [] [] [] [] time [] [] [] [] [] []

Date of claim notification (d-m-y) [] [] [] [] [] [] [] [] [] []

Claimant's details

Claim reporting person/institution

First name and surname/business name _____
Official address _____

Mailing address _____

Contact details (tel. e-mail, fax) _____

Damaged party (vehicle owner)

First name and surname/business name _____
Official address _____

Mailing address _____

Contact details (tel. e-mail, fax) _____

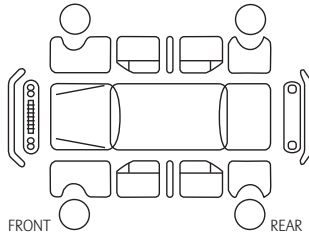
Driver of damaged party's vehicle

First name and surname/business name _____
Official address _____

Mailing address _____

Contact details (tel. e-mail, fax) _____

Scope of damage (please put "x")



Registration No. _____

Make _____

Number of owners _____

Production year _____

Vehicle type _____

Damage description _____

Details of the other party or other participant and other witnesses

Owner of the other party's vehicle/other road user*

First name and surname/business name _____
Official address _____

Mailing address _____

Contact details (tel. e-mail, fax) _____

Driver of the other vehicle involved*

First name and surname/business name _____
Official address _____

Mailing address _____

Contact details (tel. e-mail, fax) _____

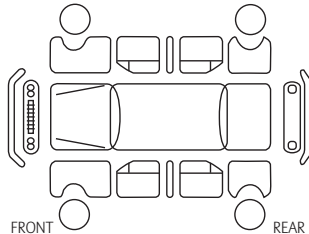
Other drivers / witnesses* yes no

First name and surname/business name _____
Official address _____

Mailing address _____

Contact details (tel. e-mail, fax) _____

Scope of damage (please put "x")



Registration No. _____

Make _____

Vehicle type _____

Damage description _____

Place of the accident (country, city, street, area) _____

Detailed description of accident circumstances (please include weather and road conditions, type of road surface, speed of vehicles, etc.)

Multiple horizontal lines for writing the detailed description of accident circumstances.

* delete as appropriate

Claim number -

Site plan of accident (please draw vehicles, streets layout, traffic signs, traffic directions, etc.)

using the following signs: A – registration No. _____ B – registration No. _____ C – registration No. _____

Before accident	During accident	Immediately after accident

Additional information

Has the accident been reported to the police? – (please specify police unit and result of proceedings) yes no

Has the accident been reported to other institutions: fire service/ambulance/towing?* – (please specify name) yes no

Is the vehicle subject to co-ownership/assignment/use/pledge/lease? – (please specify name and address) yes no

- 1. _____
- 2. _____
- 3. _____

Is the damaged party VAT registered? – if "Yes", please fill in the following yes no

- 1. Is the vehicle a company vehicle? yes no
- 2. Is the vehicle entered in the fixed assets register? yes no
- 3. Is the vehicle mileage record kept? yes no
- 4. Is the damaged party entitled to deduct VAT from repair costs? – if "No" please state the reason yes no

Was the driver of the harmed party's vehicle under the influence of alcohol or other intoxicants during the accident? yes no N/A

Was the vehicle used with the owner's agreement? yes no

Has the damage been reported to a different insurer? – (please indicate name of the insurance company) yes no

Was there any previous non-fixed damage at the vehicle? – if yes, please specify yes no

Was any damage caused apart from damage to the vehicle or personal injuries? – (please list the damages, persons and injuries) yes no

Was the driver under the influence of alcohol or other intoxicants/escaped from the place of accident?* – (please specify) yes no N/A

Vehicle location (for technical inspection)

Address _____

Telephone and contact details _____

Payment instructions Bank account Assignment to repair workshop Postal order Will be provided later

Please transfer payment to the following bank account

Bank name _____

Account holder details _____

Please transfer payment to the repair workshop

Postal order to the following address

Repair workshop name _____

Address _____

Repair workshop address _____

Recipient name _____

I hereby agree to communicate exclusively via email regular mail registered mail

I hereby declare that the above-mentioned information is true and to the best of my knowledge.