

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

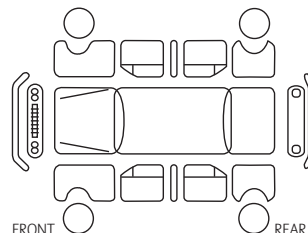
First name and surname/ business name \_\_\_\_\_

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

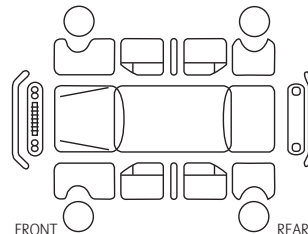
First name and surname/ business name \_\_\_\_\_

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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* 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.