ARGOS GROUP
Route des Avouillons 30 - 1196 Gland
T +41 22 365 66 64

NOTICE OF CLAIM LIABALITY INSURANCE

- ◯ Private LI
- ◯ Corporate LI
- ◯ Real Estate LI
- ◯ _____

Location: _____ , on _____

Insurance Holder: _____ Policy No.: _____ Date of Birth: _____

Address: _____ Contact person: _____

Tel: _____ Fax: _____ E-mail: _____

Damage inflicted by: _____ Date de Birth: _____ Adress: _____

Relationship to the Insurance holder: _____ Date of Event: _____ Location of Event: _____

Circonstances:

Are you: ◯ Responsible ◯ Partially responsible ◯ Not responsible

Comments:

Material damages

Objects damaged: _____

Owner: _____ Type of damage: _____

Estimated cost: _____ Location of the object: _____

Physical damages

Victims: _____

Injuries: _____

Doctor or hospital: _____

Other insurances (accidents): _____ Company: _____ Policy No.: _____

Indemnity to be paid to: ◯ To victim

◯ _____

CCP No.: _____

IBAN: ____ - ____ - ____ - ____ - ____ - __

Bank: _____ Place: _____

Account Holder: _____

Enclosures:

Signature: _____

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