

Company / Claim Service / Address

NOTICE OF CLAIM VEHICLES

- Liability
 Liability Casco
 Occupants

Location: _____, on _____

Insurance Holder: _____ Policy No.: _____ Date of Birth: _____
Address: _____ Tel: _____ Fax: _____ E-mail: _____
Person to contact: _____ Vehicle: _____ License plate no: _____

Driver: _____ Date of Birth: _____ Date of License: _____
Date of Event: _____ Place: _____

Circumstances: _____ Description (drawing)

Are you: Responsible Partially responsible Not responsible
Police report: Yes No Police station: _____
Witnesses: _____ (Attach accident notification form or complaint filed)

Liability - Third party damages

Vehicles or objects damaged: _____ Make: _____ License plate no: _____
Owner: _____ Driver: _____
Type of damage: _____
Estimated cost: _____ Location of the damaged object: _____

Casco - Own damages

Estimated cost: _____ Garage that will repair vehicle: _____
Objects damaged or stolen: _____
Other insurance (houshold): _____ Company: _____ Policy No.: _____

Indemnité à verser à:

- Garage
 Injured party
 Insurance holder

CCP No.: _____
IBAN: _____
Bank: _____ Place: _____
Account Holder: _____

Enclosures:

Signature: _____