

Claim notification for CAR / EAR

To speed up claim settlement, please answer all questions as precisely and comprehensively as possible. The right answers should be cross-marked in the relevant square and supplementary questions should also be answered. Add any available documents. (Turn the sheet).

The Insured

Name (Company name)	
Street and house number (registered office)	
ZIP Code/ Town/city/village	
Birth number (registration No./tax reference No.)	
Telephone Number	
E-mail address	
Bank account number for claim settlement	

The Claimant

Name (Company name)	
Street and house number (registered office)	
ZIP Code/ Town/city/village	
Birth number (registration No./tax reference No.)	
Telephone Number	
E-mail address	
Bank account number for claim settlement	

Date and hour of loss occurrence	Date at : o'clock	Policy No.	
Location of loss occurrence (Address - Construction Work name)			
Type of loss	<input type="checkbox"/> at construction /erection activity <input type="checkbox"/> theft <input type="checkbox"/> vandalism <input type="checkbox"/> natural perils <input type="checkbox"/> liability <input type="checkbox"/> machine <input type="checkbox"/> other		
Detailed description of loss occurrence and loss course			
The manner of stolen objects security			
What measures have you taken to mitigate the loss?			
Ownership of objects damaged	<input type="checkbox"/> own items <input type="checkbox"/> foreign items taken over <input type="checkbox"/> foreign items rented, including leasing		
Are you VAT payer?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> - Please specify the tax authority address:	
Was the loss investigated by the Police?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Please specify the name and address of the police unit: Investigation case file No. ORP (Add Police certificate of claim notification)	
Did a similar loss happen to you in the past?	<input type="checkbox"/> No	<input type="checkbox"/> - Please specify what and when Yes Claim No.	
Is this risk covered simultaneously by another policy?	<input type="checkbox"/> No	<input type="checkbox"/> - Please specify the name and address of the Insurer: Yes Policy No.	
Who is responsible for the damage incurred?	<input type="checkbox"/> Insured <input type="checkbox"/> Co-insured <input type="checkbox"/> Employee <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Other <input type="checkbox"/> Unknown offender	Name and address of person who caused or is responsible for the damage	

In your opinion, have you caused the damage?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Specify your guilt
Have you been requested to pay indemnity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> - by (whom) <input type="checkbox"/> - in what amount € (add copies of all documents received)

Extent of Damage Incurred

No.	Damaged, Destroyed or Lost Items (Name, description, serial number, other data)	Quantity [pc, m, ...]	New item price [€ / m.j.]	Age	Item status Damaged Destroyed	Total price [€]
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

(In case of an extensive loss please add a separate list)

Total

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Machine name			
Machine manufacturer		Machine type	
Machine serial number		Year of manufacturing	
Is the machine within the warranty period?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of putting the machine in operation	

Where are the damaged objects located?:

This part shall be filled in by the Claimant in respect of loss claimed under liability insurance of the Insured

The Claimant has made or shall made the claim notification under another insurance cover as well.	<input type="checkbox"/> No	<input type="checkbox"/> - Specify the name and address of the Insurer: Yes Claim No.
The Claimant is the VAT payer <input type="checkbox"/> <input type="checkbox"/> - Specify the address of tax authority: No Yes - VAT ID No.		
The Claimant hereby asks for indemnity from the Insured to the extent specified therein and declares and certifies by its signature that all the data relating to the extent of loss are true.		
..... Name, signature (stamp) of the Claimant		

I hereby declare that I answered truly and completely all the questions.

In case of loss under liability insurance of the Insured I authorize the Insurer to negotiate the loss with the Claimant and provided that it is in compliance with the laws to indemnify the Claimant.

At Date

.....
Name and signature (stamp) of the Insured