



**Claim notification for Motor - CASCO**

To speed up the claim settlement, please answer all questions as precisely and comprehensibly 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).*

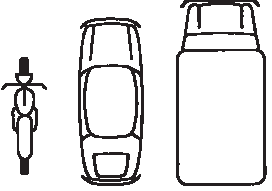
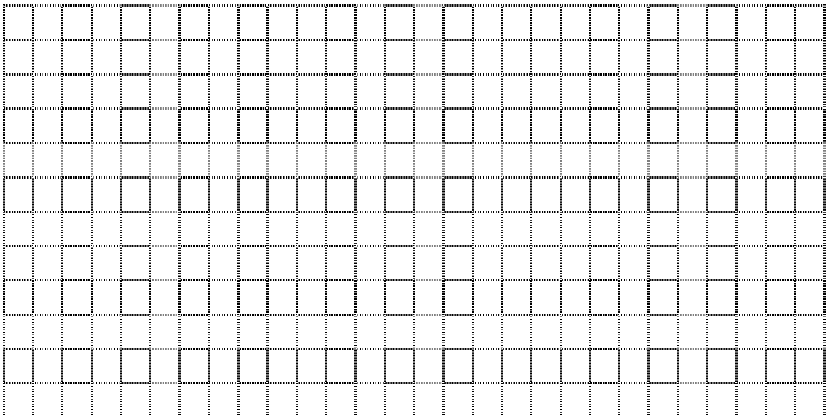
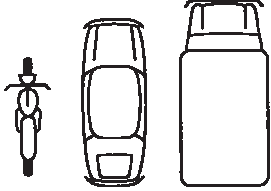
**Vehicle „A“** (The Insured)

**Vehicle „B“** (The other participant of car accident)

<b>Name</b> (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	

<b>Name</b> (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	

Date of loss occurrence	Hour	Location of loss occurrence	
Registration number .....		<b>A</b>	<b>B</b>
Manufacturing year .....		<b>↓</b>	<b>↓</b>
Make and type .....		<input type="checkbox"/> <= vehicle was parked ==>	<input type="checkbox"/>
VIN .....		<input type="checkbox"/> Was leaving the parking place	<input type="checkbox"/>
Put into operation on .....		<input type="checkbox"/> Wanted to park	<input type="checkbox"/>
Colour .....		<input type="checkbox"/> Was leaving the road	<input type="checkbox"/>
Purchase value ..... €		<input type="checkbox"/> Was entering the road	<input type="checkbox"/>
<b>Policy</b> with Colonnade .....		<input type="checkbox"/> Striking the rear of the other vehicle	<input type="checkbox"/>
Is this risk also insured by another insurer? <input type="checkbox"/> - NO <input type="checkbox"/> - YES (complete)		<input type="checkbox"/> Was wrong-way driving	<input type="checkbox"/>
Insurer name .....		<input type="checkbox"/> skidded	<input type="checkbox"/>
Policy No. ....		<input type="checkbox"/> encroaching in the opposite traffic lane	<input type="checkbox"/>
<b>TPL Motor insurance</b>		<input type="checkbox"/> was changing the lane	<input type="checkbox"/>
Insurer name .....		<input type="checkbox"/> was overtaking / turning	<input type="checkbox"/>
Policy No. ....		<input type="checkbox"/> was turning left/ right	<input type="checkbox"/>
Vehicle „A“ driver at the time of car accident		<input type="checkbox"/> reversing	<input type="checkbox"/>
Name .....		<input type="checkbox"/> not observing red on traffic lights	<input type="checkbox"/>
Surname .....		<input type="checkbox"/> not observing a right of way sign	<input type="checkbox"/>
Address .....		<input type="checkbox"/> brake failure	<input type="checkbox"/>
.....		<input type="checkbox"/> low visibility	<input type="checkbox"/>
Driving licence number .....		<input type="checkbox"/> no entry	<input type="checkbox"/>
Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> T		<input type="checkbox"/> vehicle was stolen	<input type="checkbox"/>
Date issued .....		<input type="checkbox"/> baggage was stolen	<input type="checkbox"/>
Speed of vehicle at the time of accident ..... km/h		<input type="checkbox"/> other	<input type="checkbox"/>
Vehicle used with holder's approval <input type="checkbox"/> - YES		<input type="checkbox"/> <= NUMBER OF CROSSMARKS =>	<input type="checkbox"/>
<input type="checkbox"/> - NO			
Registration number .....			Registration number .....
Manufacturing year .....			Manufacturing year .....
Make and type .....			Make and type .....
VIN .....			VIN .....
Put into operation on .....			Put into operation on .....
Colour .....			Colour .....
Purchase value ..... €			Purchase value ..... €
Is vehicle covered by motor casco insurance? <input type="checkbox"/> - NO <input type="checkbox"/> - YES (complete)			Is vehicle covered by motor casco insurance? <input type="checkbox"/> - NO <input type="checkbox"/> - YES (complete)
Insurer name .....			Insurer name .....
Policy No. ....			Policy No. ....
<b>TPL Motor insurance</b>			<b>TPL Motor insurance</b>
Insurer name .....			Insurer name .....
Policy No. ....			Policy No. ....
Vehicle „B“ driver at the time of car accident			Vehicle „B“ driver at the time of car accident
Name .....			Name .....
Surname .....			Surname .....
Address .....			Address .....
.....			.....
Driving licence number .....			Driving licence number .....
Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> T			Category <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> T
Date issued .....			Date issued .....
Speed of vehicle at the time of accident ..... km/h			Speed of vehicle at the time of accident ..... km/h

Vehicle A		Vehicle B
Please mark the damage    Visible damages  ..... ..... .....	<b>Accident scene diagram</b> (Draw road shape, position of vehicles, direction of travel and road signs, street name.)  	Please mark the damage    Visible damages  ..... ..... .....

<b>Detailed description of loss occurrence and loss course</b>		
Other bodily injury or property damage		
Are you VAT payer?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the tax authority address: Yes <b>VAT ID No.</b> .....	
Was the loss investigated by the Police?	<input type="checkbox"/> Yes - Please specify the name and address of the police unit: Investigation case file No. <b>ORP</b> ..... <i>(Add Police certificate of claim notification)</i> <input type="checkbox"/> <b>No</b> - Why?	
Who caused the damage?	Name and surname.....	(Vehicle holder) Name and surname.....
	Address .....	Address .....
	Birth number (Registration number).....	Birth number (Registration number)....Vehicle registration No....
Can the vehicle be inspected at the Insurer place?	<input type="checkbox"/> Yes <input type="checkbox"/> No - please specify the address where the vehicle can be inspected	
I request to settle the claim against bills <input type="checkbox"/> Yes <input type="checkbox"/> No		The repair will be on self-help basis <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Bank account number for claim settlement</b> (The Insured)		

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

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

**The Insured request for indemnity payment to the benefit of Motor-Car Repair Shop** *(Request for cover note)*

I hereby request to pay indemnity for the above damage to the benefit of Motor car repair shop.		
Name (Company name) .....		
Address (company seat) .....		
IBAN account number (repairer) .....		
At.....	Date .....	.....
		Name and signature (stamp) of the Insured