

Was the loss caused by a minor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Age Full name and address of the minor
		Name of the person or institution responsible for the child
Names and addresses of witnesses		

Was the loss occurrence 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 number: ORP
Has been a criminal procedure conducted?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - name and address of the court - hearing date proceedings number: - status

Have you been requested to pay indemnity?	<input type="checkbox"/> No	<input type="checkbox"/> Yes - by (whom) - in what amount € (add copies of all documents received)
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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						

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

Total

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Where are the damaged items located?

<p>Is the Claimant VAT payer? <input type="checkbox"/> No <input type="checkbox"/> Yes – please specify the tax authority address</p> <p style="text-align: center;">- VAT ID No.</p> <p>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.</p> <p style="text-align: right;">..... Name and signature (stamp) of the Claimant Party</p>
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I declare that I answered all the questions completely and truly. Besides, I authorize the Insurer to discuss the loss with the Claimant and provided that it is in compliance with the laws to indemnify the Claimant.

At

Date

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