

Motor claim notification form

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using the following signs: A – regist	ration No.	ffic signs, traffic directions, etc.) B – registration No.	C – registrati	on No.	
Before accident		During accident		after accident	
Defore accident		During accident	iriiriediately	arter accident	
Additional information					
Has the accident been reported to th	ne police? – (please s	pecify police unit and result of proce	edings)	□ yes	□n
Has the accident been reported to o	ther institutions: fire	service/ambulance/towing?* – (ple	rase specify name)	□ yes	□r
s the vehicle subject to co-ownershi	p/assignment/use/p	oledge/lease? — (please specify name	e and address)	□ yes	n
1					
).					
3.					
s the damaged party VAT registered	? – if "Yes", please fil	l in the following		□ yes	
. Is the vehicle a company vehicle?	accete register?			□ yes	
 Is the vehicle entered in the fixed of B. Is the vehicle mileage record kept 	=			□ yes	
1. Is the damaged party entitled to d		air costs? – if "No" please state the re	eason	□ yes	
Was the driver of the harmed party's		fluence of alcohol or other intoxican	ts during the accident?	□ yes □ no	□ N,
Was the vehicle used with the owne	=			□ yes	□r
Has the damage been reported to a	different insurer? – (please indicate name of the insurant	ce company)	□ yes	□r
Was there any previous non-fixed da	ımage at the vehicle	? – if yes, please specify		□ yes	□n
Was any damage caused apart from	damage to the vehic	cle or personal injuries? – (please list	the damages, persons and ii	njuries) □ yes	□n
Was the driver under the influence of	alcohol or other intox	cicants/escaped from the place of acc	ident?* – (please specify)	□ yes □ no	□ N/
Vehicle location (for technical inspection	on)				
Address					
Telephone and contact details					
Payment instructions Bank a	ccount 🗆 Assignme	ent to repair workshop 🔲 Postal or	der 🔲 Will be provided	later	
Please transfer payment to the follow	_			1 1 1 1	1
Bank name					
Account holder details					
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Repair workshop address					
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