

Motor vehicle insurance claims form

Assekuranz Partner der Industrie
Versicherungsmakler GmbH



Compr. Cover Partial casco Third party liability Safe-conduct Passenger insurance

Policy holder:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

General details:		
Registration no.:		
Insurance Company:	Insurance policy no.:	
Date of claim:	Time of claim:	Place of claim:

Driver:		
Surname:	First name:	
Street / Post office box:	Postal code:	Place:
Driving licence:	yes	no
Class:	Date of issue:	Issuing office:
Damage of the vehicle:		
Are you entitled to deduct input tax concerning tax laws?	yes	no
Where can the damaged items be examined?		
Was there contributory negligence by someone else?	yes	no

Claimant:		
Surname:	First name:	Registration no.:
Street / Post office box:		
Postal code:	Place:	Phone:
Type of vehicle:	Producer:	
Driver:		
Damaged sections:		
Prospective extend of loss:	€	

Police notification:		
Department:	Incident / log no.:	
Complaint / police caution to?	Blood test for alcohol?	no yes result: ‰

Description of accident:

Car theft:			
		yes	no
Type of vehicle:	Producer:	Registration date:	
Ident. no.:	Type:	HP:	Mileage:
What was stolen?			
How was the vehicle secured?		Windows closed	Doors closed
		Ignition key taken off	Steering wheel locked
		Other protection:	
Number of vehicle keys:	With the insurer submitted?	yes	no
Documents to the insurer:	Original vehicle registration	Constellation of registration form	Adjustment answer

Personal damage:			
		yes	no
1. Person:			
Type of the participation in the accident:			
Surname:	First name:		
Street / post office box:	Postal code:	Place:	
Date of birth:	Occupation:		
Injuries:			
Doctor:			
Notice:			

2. Person:			
Type of the participation in the accident:			
Surname:	First name:		
Street / post office box:	Postal code:	Place:	
Date of birth:	Occupation:		
Injuries:			
Doctor:			
Notice:			

Declaration:
<p>I declare that I have answered the questions truthfully.</p> <p>We wish to bring your attention to the fact that any information supplied that is knowingly false or incomplete may lead to loss the insurance cover, even when the insurer is not put to any disadvantage as a result of the information supplied.</p>

Place: _____

Signature of the policy holder: _____