

Claim form – Vehicles (one party)

Please only fill out this form if there was one party to the accident

Name: _____

Address: _____

Postal code and town/city: _____

Telephone: _____

Email: _____

Your bank: _____

Account number: _____

License plate: _____

Car brand and model: _____

For what purpose has the vehicle been used?

Personal Business

Are you VAT registered?

Yes No

Date on which damage occurred: / 20

Who was driving/operating the vehicle at the time of the accident? _____

Driver's licence number of the driver: _____

Age of the driver at the time of the accident

Under 18 18-24 Over 25

Has the accident been reported to the police?

Yes No

Please describe in detail how the accident happened, including the circumstances surrounding the accident and the driving conditions

Please describe the damage to the vehicle, which area of the vehicle has been damaged and how extensive the damage is.

Which part of the vehicle has been damaged?

- Front
- Front left
- Front right
- Middle left
- Left side
- Right side
- Middle right
- Back left
- Back right
- Back

Fill out below if you have further comments, e.g. if there are any special circumstances regarding the damage.

Comments

_____ date / 20 _____
Place Signature