

Claim form – Vehicles (two or more parties)

Please only fill out this form if there were two or more parties 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

What is the extent of the damage to the counterparty's vehicle?

Name of counterparty: _____

Address of counterparty: _____

Counterparty's licence plate number: _____

Who was responsible for the accident?

- I was responsible
- Both parties were responsible
- The counterparty
- Neither party

Why?

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

Comments

If there are two or more parties to the matter and the explanations do not correspond, Trygd reserves the right to send a copy of this report to the counterparty/parties.

_____ date / 20 _____
Place Signature