

## APPLICATION AND CLAIM FOR COMPENSATION

### MOTOR CASCO INSURANCE (03/20-25)

#### 1. APPLICANT – POLICY HOLDER

|       |  |  |
|-------|--|--|
| 1.1.  | FIRST AND LAST NAME or COMPANY NAME                                |  |
| 1.2.  | ADDRESS (city and street)  |  |
| 1.3.  | PHONE NUMBER AND E-MAIL  |  |
| 1.4.  | VEHICLE LICENCE PLATE  |  |
| 1.5.  | VEHICLE BRAND AND TYPE   |  |
| 1.6.  | CHASSIS NUMBER   |  |
| 1.7.  | YEAR OF PRODUCTION   |  |
| 1.8.  | MOTOR CASCO INSURANCE POLICY (number and period validity)          |  |
| 1.9.  | MOTOR THIRD PARTY LIABILITY POLICY (number and period of validity) |  |
| 1.10. | DRIVER OF THE DAMAGED VEHICLE                                      |  |
| 1.11. | DRIVER'S LICENCE (number and category)                             |  |

#### 2. PERSON WHO CAUSED THE DAMAGE – DAMAGING PARTY

|      |  |  |
|------|--|--|
| 2.1. | FIRST AND LAST NAME or COMPANY NAME                                |  |
| 2.2. | ADDRESS (city and street)  |  |
| 2.3. | VEHICLE LICENCE PLATE  |  |
| 2.4. | VEHICLE BRAND AND TYPE   |  |
| 2.5. | MOTOR THIRD PARTY LIABILITY POLICY (number and period of validity) |  |
| 2.6. | DRIVER OF THE VEHICLE THAT CAUSED THE DAMAGE                       |  |
| 2.7. | DRIVER'S LICENCE (number and category)                             |  |

#### 3. INFORMATION ABOUT THE PLACE OF THE ACCIDENT, PASSENGERS, AND INJURED PERSONS

|      |   |          |
|------|---|----------|
| 3.1. | DATE AND TIME OF THE ACCIDENT   |          |
| 3.2. | PLACE OF THE ACCIDENT (city, street, and number)                        |          |
| 3.3. | DID THE POLICE CONDUCT AN INSPECTION (name of the police station)?      | YES / NO |
| 3.4. | BREATHALYZER DONE   | YES / NO |
| 3.5. | PASSENGERS IN THE VEHICLE<br>(first name, last name, and address)       |          |
|      |   |          |
| 3.6. | INJURED PERSONS<br>(first name, last name, address, and type of injury) |          |
|      |   |          |
| 3.7. | WITNESSES TO THE ACCIDENT<br>(first name, last name, and address)       |          |
|      |   |          |

**ALL INFORMATION MUST BE PROVIDED BY THE APPLICANT**

|   |              |                        |
|---|--------------|------------------------|
| <b>DESCRIPTION OF THE TRAFFIC ACCIDENT INCURRENCE</b> (Date, time, place, street name, traffic signs)   |              |                        |
| <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>  |              |                        |
| <b>DETAILED SKETCH OF THE TRAFFIC ACCIDENT</b> (Street name, traffic signs and lanes, vehicle markings, direction of movement)                |              |                        |
|   |              |                        |
| <b>STATE THE MAIN DAMAGE TO THE VEHICLE</b>   |              |                        |
| <p>.....</p> <p>.....</p> <p>.....</p>  |              |                        |
| <b>SEVERITY OF DAMAGE IN YOUR OPINION</b>   |              |                        |
| <b>IF THE VEHICLE IS NOT MOBILE – AT WHICH ADDRESS IS IT AVAILABLE FOR DAMAGE EVALUATION</b><br>(city, street, contact person – phone number) |              |                        |
| The vehicle owner is a taxpayer   | YES / NO     |                        |
| The vehicle owner can claim tax returns   | YES / NO     |                        |
| <b>DAMAGE IS TO BE COMPENSATED: A) BASED ON THE REPAIR BILL B) THROUGH A SETTLEMENT</b>   |              |                        |
| Bank and account number (IBAN) of the vehicle owner:  |              |                        |
| First name, last name or company name, address, phone number and e-mail of the vehicle owner  |              |                        |
| Date  | For Euroherc | Applicant's signature: |