



**APPLICATION AND CLAIM FOR COMPENSATION**  
MOTOR THIRD PARTY LIABILITY (10/51,55,61)

**1. APPLICANT – DAMAGED PARTY**

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.	YEAR OF PRODUCTION	
1.7.	MOTOR THIRD PARTY LIABILITY POLICY (number and period of validity)	
1.8.	MOTOR CASCO INSURANCE POLICY (YES/NO)	
1.9.	DRIVER OF THE DAMAGED VEHICLE	
1.10.	DRIVER'S LICENCE (number and category)	

**2. PERSON WHO CAUSED THE DAMAGE – POLICY HOLDER**

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.	VEHICLE DRIVER (at the time of accident)	
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 (first name, last name, and address)	
3.6.	INJURED PERSONS (first name, last name, address, and type of injury)	
3.7.	WITNESSES TO THE ACCIDENT (first name, last name, and address)	

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

<b>DETAILED DESCRIPTION OF THE TRAFFIC ACCIDENT INCURRENCE</b> (Date, time, place, street name, traffic signs)		
<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>		
<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> (city, street, contact person, phone number)		
The vehicle owner is a taxpayer	<b>YES</b>	<b>NO</b>
The vehicle owner can claim tax returns	<b>YES</b>	<b>NO</b>
<b>DAMAGE IS TO BE COMPENSATED:                    A) BASED ON THE REPAIR BILL                    B) THROUGH A SETTLEMENT</b>		
Bank and account number (IBAN) : <p>.....</p> <p>.....</p>		
<b>First and last name or company name, address, phone number and e-mail of the vehicle owner</b>		
Date	For Euroherc	Applicant's signature, contact phone number and e-mail: