

VEHICLE DAMAGE REPORT FORM AND INSURANCE CLAIM

INSURANCE HOLDER		Clientnumber:.....
Name :		Telephone number:.....
Address :		Work tel. number:
Town :		Bank Account:.....

QUESTIONS WITH REF. TO VAT

What is your profession?:..... Self employed? No / yes

Can you recover the VAT on the vehicle? No / yes

DRIVER

Name: Mr./Mrs./Miss:..... Date of birth:.....

Address:

Town: Telephone number:.....

Drivers license date of issue:..... Number:.....

Relationship to insured? Wife /husband / other:.....

Was the driver driving with insurance holders permission? No/Yes

TYPE OF INSURANCE COVER	POLICYNUMBER	COMPANY
3rd party liability		
Comprehensive/Fire/Theft	
Legal Aid	
Has this damage/loss been reported already?	If so, when:.....	

FINANCE

Is there a loan outstanding on the motor vehicle? No/Yes - Finance company:.....

INSURED VEHICLE	MAKE	LICENSE PLATE	YEAR	MILEAGE
Car/MPV/ truck/motorbike/moped
Exact purpose for which vehicle was being used at time of accident?	Private / other:.....			
Did the motor vehicle have a trailer/caravan etc. attached?	No/Yes details:.....			

DAMAGE TO THE INSURED MOTOR VEHICLE

Which parts are damaged:.....

Informal estimate of the damage € Estimated by:.....

Address:..... Town:.....

Telephonenumber:..... On what date is the car going to the garage:.....

DAMAGE CAUSED TO A THIRD PARTY NO / YES:

Name:

Address:

Town: Telephone number:.....

Type of damages:.....

Make and type of motor vehicle of the Third Party:.....

Registration number:..... Insured via:..... Policy number:.....

Was anybody hurt and/or killed? No/Yes: Name:.....

Address:..... Town:.....

Telephonenumber:..... Type of injuries:.....

DATE AND PLACE DAMAGE WAS CAUSED

Date:..... Time:.....hrs. in the morning/afternoon/evening/night

Town:..... In/outside town Country:.....

Street:..... Speed limit at the place of the accident:.....Km

[illegible]

	INSURED	OTHER PARTY
What was the speed in km/ h?
Where you driving on a priority-, metalled-, non-metalled road or a cycle path?
How many lanes on the road?
Is there a solid white line on the road?	yes / no	yes / no
Width of the road?
Were the indicators used in time?	yes / no	yes / no
Was alcohol involved?	yes / no	yes / no
Were the car lights on?	yes / no	yes / no
What was the view like?	clear/obstructed	clear/obstructed
What was the weather like	Dry / rain / snow / icy / misty / clear / twilight / dark	
Type and condition of the road?	asphalt / cobblestones / other:.....	
Did the police make a report? No/Yes: Police or Marechaussee of:		

NAMES OF WITNESS (PASSENGERS TOO)	Address	Town	Age
1.....			
2.....			
3.....			

Name:

Address:

Town: Telephone number:.....

Did this person caused the accident whilst on official duty? No/Yes: employed by:.....

.....

Name of Third Party Insurance Company:.....Policy number:.....

Motor vehicle registration number of third party:.....

Date:..... Signature of driver Signature of insurance holder