

ACCIDENT QUESTIONNAIRE

File No.:
Cust. No.:

A. Registered owner of the damaged vehicle

Surname, First Name*:
Address*:
Telephone / Fax*:
Email address:
Bank details*:
Legal assistance policy:
Vehicle title holder (Important for leasing or financing):
Reg. owner entitled to withhold input taxes?*: yes no
Were there (physician-treated) injuries?: yes no

B. Vehicle damage

Veh. registration number*:
Make / Model:
Prepared documents: Expert opinion Cost estimate Repair invoice w/ pictures
Partial comprehensive coverage: yes Deductible €
Full comprehensive coverage: yes Deductible €

C. Accident Description

Accident location*:
Date / time of accident*:
Name and address of witnesses:
Did the police record the accident: yes no
Police service station:
File number / Daily log No.:

D. Opposing Party/Party at Fault (provide any information known)

Surname, First Name:
Address:
Veh. registration number*:
Telephone / Fax:
Insurance Carrier:
Insurance Certificate No./Damage No.:

(Fields marked with* must be completed to ensure prompt processing)

I have provided the aforementioned information to the best of my knowledge.

(City, Date)

(Signature)