



Eesti Liikluskindlustuse Fond
Eesti Kindlustusseltside Liit

VEHICLE INSURANCE CLAIM

I hereby apply for the compensation of damage caused in a loss event on the basis of motor third party liability insurance from the insurer of the party who caused the damage on the basis of motor vehicle insurance
 from the insurer of the party to whom the damage was caused

I am applying for the damage to be compensated by the following insurer:

- | | | | | | |
|-------------------------|--------------------------|----------|--------------------------|------------|--------------------------|
| BTA | <input type="checkbox"/> | ERGO | <input type="checkbox"/> | Gjensidige | <input type="checkbox"/> |
| If | <input type="checkbox"/> | Inges | <input type="checkbox"/> | LHV | <input type="checkbox"/> |
| Liikluskindlustuse Fond | <input type="checkbox"/> | PZU | <input type="checkbox"/> | Salva | <input type="checkbox"/> |
| Seesam | <input type="checkbox"/> | Swedbank | <input type="checkbox"/> | | |

Claimant (vehicle owner or lessee)

Given name and surname /
 Company name

Personal ID code / Registry code _____

Representative _____ Personal ID code _____

E-mail _____ Telephone _____

Loss event

Location _____ Time _____
Street/road/highway, intersection, km mark, village/town/county, house/building no. Date and time

Vehicles and persons involved

My vehicle (A) _____ Party who caused accident
 Make and model _____ Reg. no. _____

Name of driver _____ Telephone _____ Personal ID code _____

Other vehicle (B) _____ Party who caused accident
 Make and model _____ Reg. no. _____

Name of driver _____ Telephone _____ Personal ID code _____

Have parties involved in the accident agreed on who caused the accident? Yes No Has this agreement been put in writing? Yes No

Was the accident reported to the police (112)? Yes No Did the police attend the scene of the accident? Yes No

Description of accident
