

## **VEHICLE INSURANCE CLAIM**

I hereby apply for the cor on the basis of motor thir from the i from the insurer of	d party liability nsurer of the p	insurance arty who caused th	ne damage⊡	on the basis of motor v	ehicle insuranc	ce 🗌
I am applying for the dam BTA If Liikluskindlustuse Fond Seesam	nage to be com	npensated by the for ERGO Inges PZU Swedbank	ollowing insurer:	Gjensidige LHV Salva		
Claimant (vehicle owne Given name and surname Company name	e /					
Personal ID code / Regis	try code			Deresand ID		
Representative				Personal ID code_		
E-mail				Telephone		
Loss event Location				Time		
Vehicles and persons inv		y, intersection, km mark, vill	age/town/county, house/b	uilding no.	ate and time	
My vehicle (A) Make and model			Reg. no.		Party who caused	accident
Name of driver		Telephone	Personal ID	code		
Other vehicle (B) Make and model			Reg. no.		Party who caused	accident
Name of driver		Telephone	Personal ID			
Have parties involved in t who caused the accident		greed on Yes □	No ☐ Has this	s agreement been put in writing?	Yes 🗌	No 🗌
Was the accident reporte	ed to the police	(112)? Yes 🗌	No ☐ Did the	police attend the scene of the accident?	Yes 🗌	No 🗌
Description of accident				of the decident.		

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mage wa Yes, in		ed?										Yes	ir	n par	t□													No □
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Was th																					den	t, oı	Y	'es				No [
did they use drugs or alcohol after the accident and before the accident was document Was anyone injured or killed as a result of the accident?																Yes ☐ No												
Is the amount of compensation likely to exceed 10,000 euros?												Yes ☐ No										No 🗆						
your inf	ormatio	n	conc	If a party harmed in the accident has other insurance contract-related claims against the insure concerning the same event, a separate claim must be lodged with the insurer.  This claim form was compiled by the Estonian Traffic Insurance Fund and the Estonian Insurance																								
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