



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 on the basis of motor vehicle insurance
from the insurer of the party who caused the damage
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:

- | | | | |
|--|--------------------------|--|--------------------------|
| AAS BTA Baltic Insurance Company Eesti filiaal | <input type="checkbox"/> | If P&C Insurance AS | <input type="checkbox"/> |
| AB "Lietuvos draudimas" Eesti filiaal (PZU Kindlustus) | <input type="checkbox"/> | mittetulundusühing Eesti Liikluskindlustuse Fond | <input type="checkbox"/> |
| Akciné draudimo bendrové "Gjensidige" Eesti filiaal | <input type="checkbox"/> | Salva Kindlustuse AS | <input type="checkbox"/> |
| Aktsiaselts INGES KINDLUSTUS | <input type="checkbox"/> | Seesam Insurance AS | <input type="checkbox"/> |
| Compensa Vienna Insurance Group, ADB Eesti filiaal | <input type="checkbox"/> | Swedbank P&C Insurance AS | <input type="checkbox"/> |
| ERGO Insurance SE | <input type="checkbox"/> | | |

Owner of vehicle

Given name and surname /
Company name _____
Personal ID code / Registry code _____
Representative _____ Personal ID code _____
E-mail _____ Telephone _____
Postal address _____

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? Yes No Did the police attend the scene of the accident? Yes No

Description of accident

Illustration of accident (positions of vehicles, names of streets etc.)

Large grid area for drawing or text.

Damage

Description of damage caused by accident

Horizontal lines for text entry.

Please pay the compensation to the repairer of the damage [] the party to whom the damage was caused [] Bank account no. and bank of party to whom damage was caused

Will the VAT charged on the repair or replacement of the vehicle be reimbursed by the state to the party to whom the damage was caused? Yes, in full [] Yes, in part [] No []

Other details (witnesses and how to contact them etc.)

Was the driver of the vehicle under the influence of drugs or alcohol at the time of the accident, or did they use drugs or alcohol after the accident and before the accident was documented? Yes [] No [] 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 []

For your information The insurer reserves the right to request further information from parties involved in the accident. If a party harmed in the accident has other insurance contract-related claims against the insurer 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 Association. It is primarily designed for applying for the compensation of damage to a vehicle through a repair company that is a partner to the insurer.

Owner of vehicle or owner's representative I confirm that the information submitted herein is correct in all respects. I grant the insurer my consent to obtain information from third parties which is required to guarantee the obligation of fulfilling the insurance contract or the scope of its fulfilment.

Signature and Date lines.