

Loss file no _____

APPLICATION FOR BENEFIT

PERSON SUBMITTING THE APPLICATION

Name _____ Personal ID _____
Address _____
Street, house No., apartment No. (farm, village), postal code, city or rural municipality
Telephone _____ E-mail _____

POLICYHOLDER

Name _____ Personal ID/
Reg. no _____
Address _____
Street, house No., apartment No. (farm, village), postal code, city or rural municipality
Telephone _____ E-mail _____

INFORMATION OF INSURANCE CONTRACT

Object of insurance (name, address, reg. plate) _____

Insurance contract, policy No. _____ Insurance
period _____
Day, month, year Day, month, year

LOSS EVENT

Loss event
occurred on _____ at _____
Day, month, year Time Place of occurrence of loss event

Time of learning
of loss event _____ at _____
Day, month, year Time Place of learning of loss event (to be completed, if you were not involved in loss event)

Short description
of loss event _____

Description of damage and other detriments caused to the object of insurance due to loss event

Notification Police, Rescue Board (date, time, place) Insurance company (date, time, place)
of loss event

Name and other information of person causing damage

Initial assesement of amount of damage _____ euros

Manner of payment of indemnity	To policyholder, beneficiary, mortgagee	<input type="checkbox"/>	Additional explanation (name and bank, account number of beneficiary)
	To repair company	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	

The application
has been sub-
mitted on _____
Day, month, year Time Place of submission

PERSON SUBMITTING THE APPLICATION

I hereby certify that the information submitted in the application is true. Accepted

Signature _____

Explanation	Description of loss event
-------------	---------------------------

Explanation	Description of loss event
-------------	---------------------------

Sketch map of loss event (mark the position of objects damaged or stolen, damaged area, etc.)

[illegible]

Personal information of witnesses and person having information concerning the loss event (name, address, contact phone)

I hereby certify that the information submitted in the application is true.

Signature _____