

BENEFIT APPLICATION

Liability for damage

Please complete using capital letters

INSURER

Given name and surname/Business name _____ Personal ID code/
Reg. code _____

Address _____

Phone, fax _____ E-mail _____

Policy No. _____ Date of conclusion _____
Day, month, year

First name and surname of representative _____

Phone, fax _____ E-mail _____

CLAIM OR PROTEST

Date of submitting _____
Day, month, year

In which form _____

In connection with _____ the below act, inaction or action
Day, month, year

Amount of claim _____ EUR.

DATA OF PERSON FILING THE CLAIM OR PROTEST

Given name and surname/Business name _____

Address _____

CIRCUMSTANCES RELATED TO THE CLAIM

1. Describe the event, action or act, causing the claim _____

1.1. If there are any witnesses, add their names and contact information. _____

1.2. Has the event been registered with the police, fire agency, Rescue Board, etc.? _____

1.3. Are you the injured party's relative, acquaintance, or related in some other way? _____

2. What does your unlawful conduct consist of (act, inaction, action)? Please refer to legislation that indicates your obligations related to the event.

3. Do you confess your guilt in terms of causing damage? Please justify your opinion, including objections.

4. How big is the damage according to your assessment? What is the amount of proven damage? (Bills, covers, calculations, expert reports, etc.).

INFORMATION ON SETTLING THE CLAIM OR PROTEST

Wish related to the authorised representative or lawyer

NOTES RELATED TO HANDLING

INSURANCE INDEMNITY

Current account number

Account holder's name

POLICYHOLDER/REPRESENTATIVE

Given name
and surname

Day, month, year

Signature

INSURER'S REPRESENTATIVE

Given name
and surname

Day, month, year

Signature