

Motor Own Damage Insurance Vehicle Claim Report

Claim number -
(to be completed by Allianz)

Claim under Allianz Policy

Claim under other insurer's policy

Insurer's name _____

1. Policy number - - -

2. The Insured

First name, surname/corporate name _____

Address of residence or place of business _____

3. Make and registration number of insured vehicle _____

4. Insurance period (d-m-y) - - 0:00 hours - - 24:00 hours

5. Loss date (d-m-y, hour) - - :

6. Date claim reported to insurance company (d-m-y) - -

7. The loss arose in: (please describe the place in detail, e.g. street name, address)

Country _____ Locality _____

Place _____

8. Claim reported by

First name, surname/corporate name	_____
PESEL/NIP*	_____
Registered address/place of business	_____
Place of residence (please complete if other than the registered address)	_____
Correspondence address (please complete if other than the registered address)	_____
Contact (please state telephone and fax number, email address)	_____
The reporting person's role in the incident (multiple choice possible)	
<input type="checkbox"/> policyholder	<input type="checkbox"/> injured person
<input type="checkbox"/> vehicle owner	<input type="checkbox"/> user
<input type="checkbox"/> driver	<input type="checkbox"/> other
<input type="checkbox"/> passenger	<input type="checkbox"/> attorney
<input type="checkbox"/> witness	

* PESEL – personal identification number; NIP – taxpayer identification number

9. Injured person (please complete if the injured person is not the claim reporting person)

First name, surname/corporate name _____

PESEL/NIP _____

Registered address/place of business _____

Place of residence (please complete if other than the registered address)

Correspondence address (please complete if other than the registered address)

Contact (please state telephone and fax number, email address)

The injured person's role in the incident (multiple choice possible)

vehicle owner driver passenger
 other policyholder witness

10. Driver of the damaged vehicle

First name and surname _____

PESEL (if known) _____

Registered address _____

Correspondence address _____

Contact (please state telephone and fax number, email address)

11. Party at fault

A. Is the party at fault known? yes no

First name and surname of the party at fault _____

PESEL/NIP (if known) _____

Registered address _____

Correspondence address _____

Contact (please state telephone and fax number, email address)

B. If the loss has been caused by a driver of another vehicle, please specify:

Make and registration number of the vehicle of the party at fault

Vehicle insured for TPL (please state the name of insurance company)

TPL policy number of the vehicle of the party at fault _____

First name and surname of the driver of the damaged vehicle (please complete if details differ from those in section A)

PESEL (if known) _____

Registered address _____

Correspondence address _____

Contact (please state telephone and fax number, email address)

12. Witnesses of the incident

Please provide details of the witnesses of the incident: first name and surname, address and telephone number *(if the number is known)*

13. Has the incident been reported to:

A. The Police? yes no *(please state the name and address of the Police unit and how the intervention ended)*

B. Ambulance Service? yes no

(please state the name and address of the Ambulance Service unit and how the intervention ended)

C. Fire Brigade? yes no

(please state the name and address of the Fire Brigade unit and how the intervention ended)

D. Other institutions/persons? yes no *(please state the name and address)*

14. Is the injured person registered for VAT purposes? yes no

15. At the time of the incident, was the driver:

under the influence of alcohol? yes no

under the influence of narcotics or other intoxicants? yes no

16. Are rights under the insurance policy assigned? yes no

please state the name and address of the assignee bank/institution

17. Has a claim been reported to another insurer in connection with the incident concerned? yes no

name and address of the insurer

18. Has any compensation been awarded in respect of the incident concerned? yes no

By whom

 amount

19. Scene of incident and road conditions

- | | | | | | |
|-------------------------|-----------------------------------|-----------------------------------|---------------------------------------|------------------------------------|-------------------------------------|
| Built-up area: | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | |
| Traffic density: | <input type="checkbox"/> high | <input type="checkbox"/> medium | <input type="checkbox"/> low | | |
| Road surroundings: | <input type="checkbox"/> woodland | <input type="checkbox"/> trees | <input type="checkbox"/> bushes | <input type="checkbox"/> buildings | <input type="checkbox"/> open space |
| Road surface condition: | <input type="checkbox"/> dry | <input type="checkbox"/> wet | <input type="checkbox"/> iced | <input type="checkbox"/> snow | <input type="checkbox"/> slush |
| Type of surface: | <input type="checkbox"/> asphalt | <input type="checkbox"/> concrete | <input type="checkbox"/> paving brick | <input type="checkbox"/> gravel | <input type="checkbox"/> sand |
| Weather conditions: | <input type="checkbox"/> rain | <input type="checkbox"/> snow | <input type="checkbox"/> fog | <input type="checkbox"/> sun | <input type="checkbox"/> cloudy |
| Time: | <input type="checkbox"/> dawn | <input type="checkbox"/> day | <input type="checkbox"/> dusk | <input type="checkbox"/> night | |
| Visibility: | <input type="checkbox"/> good | <input type="checkbox"/> limited | | | |

22. Intervention by the Accident Recovery Service / other persons /services

Did the Accident Recovery Service attend the scene or was assistance provided by someone else? yes no

Name, address and telephone number _____

Who called the service? _____

What did the assistance involve? _____

Was the vehicle towed under the Assistance insurance? yes no

23. Extent of vehicle damage

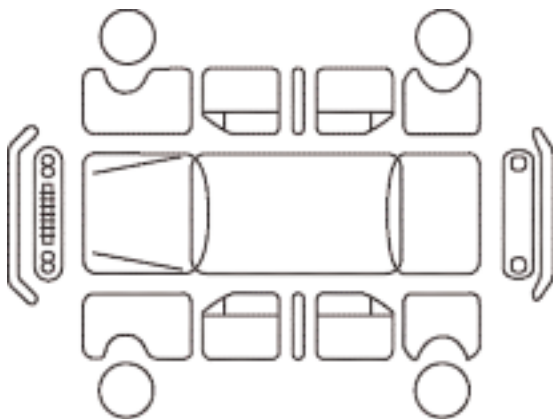
The injured person's vehicle, make, registration number

Description of damage that did not result from the incident describe above (*incurred earlier or later*)

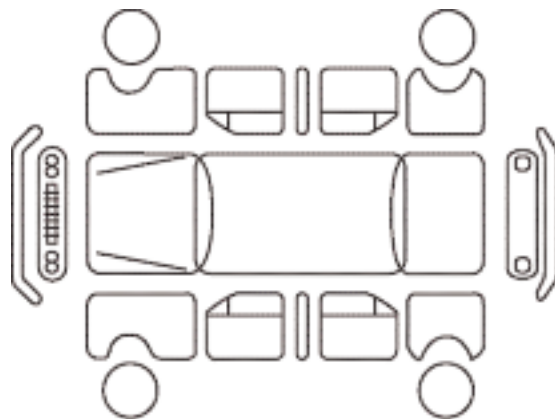
The other party's vehicle, make, registration number

Description of damage that did not result from the incident describe above (*incurred earlier or later*)

Please mark with an "x" the part(s) damaged in the incident described above



Please mark with an "x" the part(s) damaged in the incident described above



Description of damage resulting from the incident described above

Description of damage resulting from the incident described above

24. Location of the damaged vehicle

Name of repair garage, parking area or the owner's first name and surname:

Address (street, house number, postcode, locality):

telephone: _____

25. Non-vehicle damage

Has any non-vehicle damage been incurred? yes no

what? _____

Anyone suffered bodily injuries in connection with the incident described above? yes no, anyone killed? yes no

Details of injured persons: _____

26. Additional information

A. The damaged vehicle is used for private purposes , is used for to carry passengers/goods for profit ,

B. Was used at the date of the incident with its owner's knowledge and consent: yes no

C. The damaged vehicle is under lease: yes no
if "yes", please state the leasing company's name

D. Is pledge established on the damaged vehicle? yes no
if "yes", please state the name of pledgee bank/institution

E. Ownership of the damaged vehicle is , is not transferred to a bank/institution
if "yes", please state the name of the bank/institution

27. Payment instruction

Please make the payment to account number: _____

with the bank: _____

Account holder: _____

I hereby declare to give written notice to the claim processing unit of any change of the above account number.

Date and legible signature of the person eligible for claim payment

28. I declare that to the best of my knowledge and belief the above information is true and correct.

Date and signature of the person reporting the claim.

29. I declare that I have:

- received
- not received

a document certifying the extent of damage to the vehicle.

Date and signature of the person reporting the claim.

30. Vehicle owner's declaration:

I consent to TU Allianz Życie seeking information on claims relating to the vehicle concerned and documentation connected with such claims insofar as may be necessary to assess the claim under the insurance contract and the amount of such claim.

yes no

Date and signature of the vehicle owner.

31. TU Allianz Polska S.A. informs you that:

- A. You can obtain information on the loss adjustment process relating to the loss in question on our helpline at 0801 10 20 30, by referring only to the claim number assigned by TU Allianz Polska S.A. Given the nature of the information, we suggest that you should not disclose the claim number to any unauthorised persons.
- B. The personal data stated in this Claim Report:
- are collected on a voluntary basis,
 - will be used to consider the claim and make a claim payment decision,
 - are subject to professional secrecy and will not be made available, except where disclosure is mandatory as provided in the Insurance Business Act.

According to the Personal Data Protection Act, you have the right to review and correct your data.

Date and signature of the person reporting the claim

Date and signature of Allianz representative