STATEMENT OF CLAIM RELATED TO "GARAGE LIABILITY INSURANCE" OR CAR WASH

Policy Nº :…… Effective date **:……..End Date :……**
Date of declaration of disaster **……**

I. GENERAL INFORMATION

1. Name and Surname of the subscriber/ Corporate: ……..
2. Place and date of birth /Date of Creation : ……..
3. No. of identity card /Trading Licence : ……
4. Contact Person : ……..…
5. Postal adress: …….
6. E-mail adress : ……
7. Phone
   a) Mobile : ……..
   b) Home landline: ……..
   c) Office landline : …..……..
8. Account Number and Bank: ..……

II. INFORMATION RELATING TO THE CLAIM

9. Declaring Person
   Name and Surname : ……
   Adress : ……phone :……
10. Date and time of the incident / accident:: ……..…
11. Place of incident / accident: ……
12. Witnesses of the accident
    a) ……
    b) ……
    c) ……
13. Who is responsible?……
14. Causes and circumstances of the incident :
    ……
    ……

15. Names and addresses of affected third parties/ owners of damaged property

N°	Name and Surname	Adress	Types of damage		Estimated amount
			materials	Body injuries	
1			□	□	
2			□	□	
3			□	□	
4			□	□	

16. Has there been any police statement? □ Yes □ No

If so, by which police station?

……

17. Identification of causes of accident……..……..……

……

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……

III. SAFETY MEASURES UTILISED TO LIMIT THE DAMAGE

i. CASE OF FIRE

None □ Extinguisher □ Sprinkler □ Tap fire □ Others (specify) □ ……..

ii. CASE OF THEFT

……

iii. OTHER CASES

……

……

IV. ROAD ACCIDENT IN CASE OF TEST OF A VEHICLE UNDER REPAIR

The name of the driver at the time of the accident :……..

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured

NB: The prompt settlement of the claim will depend to a large extent upon your care