

VEHICLE LOSS NOTICE

Loss File No. _____

APPLICANT

First name and surname	Personal identification code
Postal address	
Contact telephone numbers	E-mail

VEHICLE DATA

Make and model	License plate
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VEHICLE INSURANCE CONTRACTS

Comprehensive insurance	<input type="checkbox"/> Swedbank Varakindlustus AS	<input type="checkbox"/> Other insurance company _____
Motor third party liability insurance	<input type="checkbox"/> Swedbank Varakindlustus AS	<input type="checkbox"/> Other insurance company _____

LOSS EVENT

Date of the event _____	Time _____
Place of the event (county, town, street, house) _____	
Driver of the vehicle (first name and surname) _____	
Brief description _____	Please fill in if the driver is not the applicant _____

Description of damages caused _____	

Persons informed of the loss event:	<input type="checkbox"/> Police on _____ at _____ o'clock.
	<input type="checkbox"/> Rescue Board on _____ at _____ o'clock.
	<input type="checkbox"/> _____ insurance company on _____ at _____ o'clock. name _____

VEHICLE INDEMNITY APPLICATION

The indemnity shall be paid out with the consent of the owner or the person authorised by the owner.		
Estimated amount of loss _____		
Please pay the indemnity to:	Name _____	Current account no. _____
<input type="checkbox"/> the owner	_____	
<input type="checkbox"/> the policyholder	_____	
<input type="checkbox"/> the repair company	_____	
Costs incurred as a result of the loss event (e.g. towing service, parking service):		
1) name of cost document	_____ number _____	
2) name of cost document	_____ number _____	
Please indemnify the costs incurred to:		
First name and surname/business name	_____ Current account no. _____	

The applicant gives the insurance company the right to process his or her client data (incl. personal data and delicate personal data) by submitting this application. The insurance company shall process the applicant's client data pursuant to the procedure for processing client data principles of processing client data in the Estonian companies of Swedbank. The applicant represents and warrants that they have reviewed said procedure and they are aware of the circumstance that the relevant procedure is available on the internet at www.swedbank.ee and in the insurer's offices.

I confirm that the details given in this application are true and complete and can be proven with documents if required.

Signature of the applicant

Filled in by the representative of Swedbank Varakindlustus AS.

Name

Signature

PLEASE COMPLETE IN THE CASE OF A TRAFFIC ACCIDENT:

(A) DATA OF ONE PARTY

I am liable for causing traffic damages

Signature

First name and surname

(B) DATA OF THE OTHER PARTY

First name and surname of the driver of the vehicle

Make and model of the vehicle _____ License plate _____

Motor third party liability insurance company (name)

SCHEME OF THE TRAFFIC ACCIDENT

Please note street names, lanes and driving directions, the direction in which the vehicles were moving and their position at the time of the collision, the locations of traffic signs, nearby buildings, etc. Mark your vehicle with the letter A, the other parties with B and C, accordingly.

CIRCUMSTANCES OF THE TRAFFIC ACCIDENT

Road and weather conditions

WITNESSES OF THE TRAFFIC ACCIDENT

First name and surname Contact telephone

First name and surname _____ Contact telephone _____

PERSONAL INJURIES

Name of the injured person

Description of injuries

I confirm that the details given in this application are true and complete

Signature of the driver of vehicle (A)

Filled in by the representative of Swedbank Varakindlustus AS.

Enclosures: Copy of driving licence Copy of vehicle registration certificate Power of attorney evidencing the right to drive the vehicle Copy of insurance policy (if Swedbank Varakindlusty AS is not the insurer)

Name _____

Signature