

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

