

POLICY NO.

CLAIM NOTIFICATION UNDER PROPERTY INSURANCE

All data collected based on this claim form will be used for the purpose of meeting legal and regulatory obligation of the insurer.

INSURED PARTY - Name and last name / company name				
PIN (OIB)				
Address (ZIP code, town, street and no.)				
Phone, fax, e-mail				
Name of the bank				
Account number				
INFORMATION ABOUT THE HARMFUL EVENT				
Date of claim				
Place of claim (ZIP code, town, street and no.)				
Cause of claim (fire, breaking in and theft, glass breakage, etc.)				
Description of the harmful event				
Has the damage been reported to the police?		YES - NO	Which PD?	
Has the person responsible for the damage been determined?		YES - NO	Who was it?	
Have the nearby structures been damaged?		YES - NO	Which ones?	
Have the damaged items been insured elsewhere?		YES - NO	Where?	
NAME OF THE DAMAGED ITEM	BRAND, TYPE, SIZE	YEAR OF MANUFACTURE /INSTALLMENT	PURCHASE VALUE	PRESENT VALUE

Place and date:	Stamp and signature of the insured party:

Name, last name and signature of the person who received the report:
--

Please send the form to the e-mail: likvi-ri@wiener.hr or bring it to the closest branch office