

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																								
SWIFT CODE																								
IBAN	<table border="1" style="display: inline-table; width: 200px; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							

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:
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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