

POLICY NO. ....

## CLAIM NOTIFICATION UNDER PROPERTY INSURANCE

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				
<b>INFORMATION ABOUT THE HARMFUL EVENT</b>				
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