

DAMAGE NO. ....

POLICY NO. ....

## NOTIFICATION AND INDEMNITY CLAIM UNDER MOTOR THIRD PARTY LIABILITY INSURANCE

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

1. INFORMATION ABOUT THE INJURED PARTY	
Name and last name (company name)	
Address, phone	
E-mail	
VAT payer, Personal ID No. (OIB)	
Current (giro) account no.	
Damaged property (vehicle, building, fence, things, etc.)	
2. INFORMATION ABOUT THE INSURANCE AND VEHICLE (IF IT WAS SUBJECT TO DAMAGE)	
Insurance company	
Type, brand, model, make and year of production	
Registration plate number, chassis number	
3. INFORMATION ABOUT THE DRIVER (WHO DROVE THE VEHICLE AT THE TIME OF THE ACCIDENT)	
Name and surname	
Address	
Phone, PIN (OIB)	
Driver's licence number, category, valid until	
4. INFORMATION ABOUT THE INSURED PARTY	
Name and last name (company name)	
Address	
Phone, PIN (OIB)	
5. INFORMATION ABOUT THE INSURANCE AND VEHICLE	
Automobile liability insurance policy no. and insurer	
Vehicle registration number and vehicle brand	
6. INFORMATION ABOUT THE DRIVER (WHO DROVE THE VEHICLE AT THE TIME OF THE ACCIDENT)	
Name and surname	
Address	
Phone, PIN (OIB)	
Driver's licence no., category, valid until	
7. INFORMATION ABOUT THE TRAFFIC ACCIDENT	
Date and time	
Place, town, street, direction	
Have you filled out the European Report	YES - NO (please encircle)
Police investigation; report to the police - location	YES - NO ; YES - NO (please encircle)

Please send the form to the e-mail: [prijavasteta@wiener.hr](mailto:prijavasteta@wiener.hr) or bring it to the closest branch office

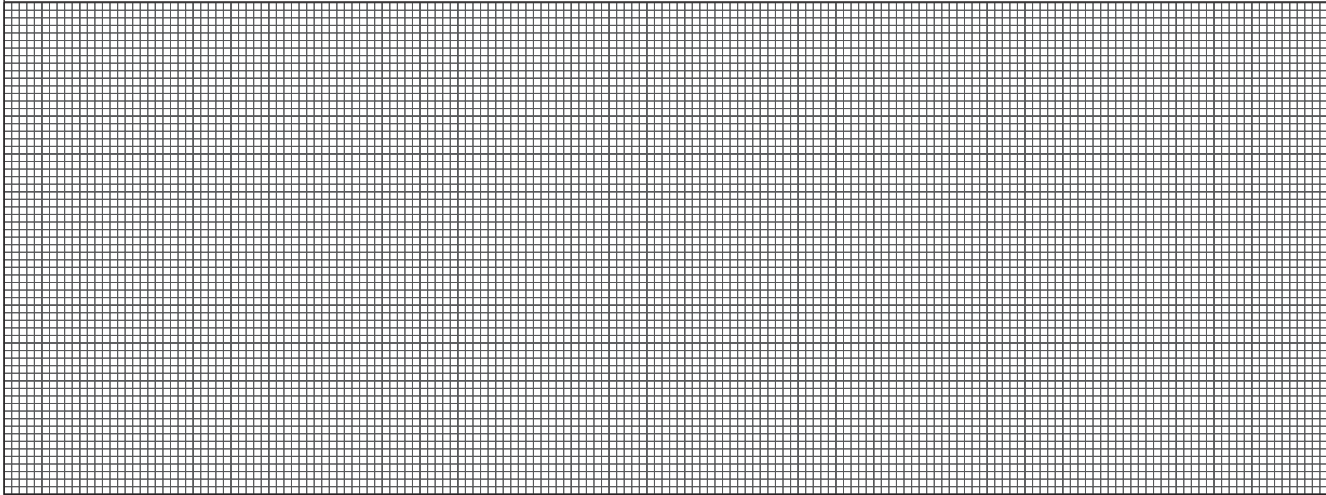
Wiener osiguranje Vienna Insurance Group d.d. is during the data processing at all times taking into account your concerns with regard to data protection. Detailed information about the processing of personal data may be found at the website <https://www.wiener.hr/informacije-o-obradi-podataka.aspx>.

Specify names and last names and addresses of witnesses	
Specify names and last names of injured persons	

**8. DETAILED DESCRIPTION OF THE MANNER AND OUTLINE OF THE ACCIDENT**


**9. SKETCH OF THE (TRAFFIC) ACCIDENT**

Mark: 1. Streets / 2. Vehicle movement direction / 3. Vehicle position at the moment of the crash / 4. Traffic signs / 5. Named streets / 6. Roads



**10. SPECIFICATION OF THE INDEMNITY CLAIM**


**NOTE:** In the indemnity claim specification, it is required to specify the exact claim, e.g. "I request my vehicle to be fixed"; "I am requesting damages in the amount of HRK 1,000,000 for inflicted pain and suffering", etc.  
 I hereby state that I shall be materially and criminally responsible for the accuracy of this information regarding the cause of the damage and other information specified in this claim for damages. I shall be liable for all the consequences arising thereof.

Place and date: <hr style="border-top: 1px dashed black;"/>	Signature of the insured party (in case of a legal entity, also their seal):
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Signature of the authorised person who received the claim:
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