


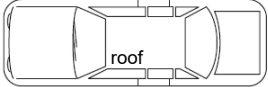
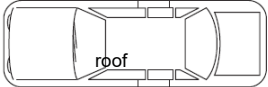




<b>Insurance company</b>			Motor Own Damage Third Party Liability
<b>Insured</b>	Company:		Damage occurred while driving  Work related/commercial Private/holiday
	Address:		Zip code/city      Phone
<b>Drivers license</b>	No:	Driver is Employed Repairer Loaner Other	
<b>Driver</b> (if different from Insured)	Name:		E-mail:
	Address:		Zip code/city      Phone
<b>Insured vehicle</b>	Registrations number/licence plate:		Mark/Model:
<b>The Incident</b>	Date	Time (0-24)	Damage place/address
<b>Police report</b>	Police report recorded? Yes      No	Stationen name:	Driver tested? Yes No
<b>Description of the incident</b>	Driving speed at the incident	Driver speed km/t	Counter part speed km/t
	How did the incident occur?		
	Who is liable according to you?		Driver      Counter part
 <b>Your vehicle</b>  <b>Counter part vehicle</b>  <b>Impartial witnesses</b>	Sketch of the accident		
<b>Damage on your vehicle</b>	Describe damages on your vehicle:		Please mark with an X on damaged zones front      rear  underbody      venstre
<b>Witnesses</b>	Name, address, phone and e-mail:		
<b>Counter part/injured</b>			
<b>Damage on counter part vehicle</b>	Describe damages on count part vehicle:		Please mark with an X on damaged zones front      rear  underbody      left
<b>Damages/injuries</b>			

I declare the information provided is consistent with the facts

Date

Signature