

**Policy number/
Claim number**

Policy number (must be given) _____ Claim numbers(s) (if known) _____

Type of insurance

Third party
 Fully comprehensive
 Passenger accident
 Auto PLUS24service
 Please use separate form for legal insurance

Accident details

Day of accident _____ Time _____ Place (town, street, door number or kilometre stone) _____
 Accident attended by the police? No Yes, by (name of unit) _____
 Purpose of journey at time of accident: Business Private

Policy Holder A

Surname, first name(s), title or company name _____

Address: street, house/flat number _____

Postcode _____ Town _____ Daytime tel. no. (8am-4pm) _____

Type of vehicle, make, model, colour _____

Year of manufacture, registration number, chassis number (last 10 digits) _____

Km (mileage) at time of accident: _____

Legal insurance _____ Insured with _____ Policy number _____

Driver A

Surname, first name(s), title _____ Date of birth _____

Address: street, house/flat number _____

Postcode _____ Town _____ Daytime tel. no. (8am-4pm) _____

Driving licence number, issuing authority, category _____

Nationality _____

Was he/she driving the vehicle with your knowledge and consent? Yes No

Was the driver under the influence of alcohol? Yes No

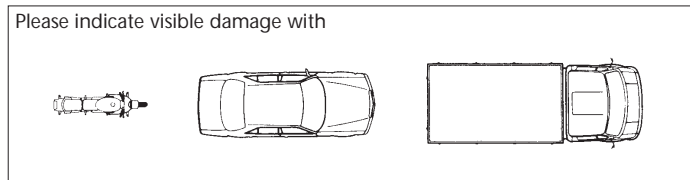
Accident-related driving licence confiscation? Yes No

Relationship to Owner (B) and Driver (B) Related Acquainted Unknown

Relationship to Policy Holder Spouse Child Other

Damage to own vehicle

Estimated value of damage: _____
 EUR Repaired previous damage? Yes No
 Previous damage not repaired? Yes No



Type and extent of damage to own vehicle¹⁾ _____

Please tick where applicable

Owner B

Surname, first name(s), title or company name, Date of birth _____

Address: street, house/flat number _____

Postcode _____ Town _____ Daytime tel. no. (8am-4pm) _____

In the event of damage to vehicle: Type of vehicle, make, model, colour _____

Year of manufacture, registration number _____

Third party Fully comprehensive Insured with _____ Policy number _____
 Leased vehicle? Yes No Eligibility to set off input tax (VAT)? Yes No

Driver B

Surname, first name(s), title _____ Date of birth _____

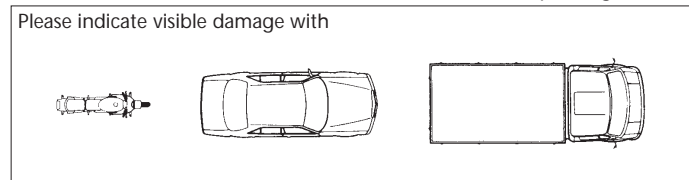
Address: street, house/flat number _____

Postcode _____ Town _____ Daytime tel. no. (8am-4pm) _____

Accident-related driving licence confiscation? Yes No

Damage to other vehicle

Estimated value of damage: _____
 EUR Previous damage? No Yes, please give details



Type and extent of damage to other vehicle/previous damage¹⁾ _____

¹⁾ Attach additional sheet if necessary

Damage to other property (not to vehicles)

Damage to other third-party property: What was damaged? Approximate value of damage?

Injured persons

Name, address, age and occupation of injured person/type of injury (attach additional sheet if necessary)

Vehicle passenger? Yes No Safety belt/helmet used? Yes No

Name, address, age and occupation of injured person/type of injury (attach additional sheet if necessary)

Vehicle passenger? ja No Safety belt/helmet used? Yes No

Details of accident

Driver (A)

- Damaged a parked vehicle
- Did not give way to the right
- Ignored a stop/give way sign
- Ignored the flow of traffic
- Was driving forward
- Was reversing
- Was changing lanes
- Drove into the oncoming lane
- Did not give way to oncoming traffic when turning left

Driver (B)

-
-
-
-
-
-
-
-

Details of the accident, particular remarks/sketches (attach additional sheet if necessary)

In your opinion, who caused the accident?

Driver A Driver B
 Other

Witnesses

Name, address and tel. no. (attach additional sheet if necessary)

Vehicle passenger? Yes No

Name, address and tel. no. (attach additional sheet if necessary)

Vehicle passenger? Yes No

Auto PLUS24service is claimed for:

- Accident/emergency assistance Tow-away Vehicle recovery Vehicle storage Overnight stay Return home of children Replacement driver
- Hire vehicle Breakdown of vehicle Transport home due to illness Supply of spare parts²⁾ Vehicle transport²⁾ Customs and scrapping²⁾

Only complete given fully comprehensive insurance or Auto PLUS24service

Leased vehicle? Yes No

Can you set off input tax (VAT)? Yes No Partially, at a rate of %

When and in which garage can your vehicle be inspected?

What form should payment of damages take?

The repair work covered by insurance should be paid to the garage responsible for the repair.
 Post Bank

Bank, account number, account holder

Sort code

Please complete in the event of theft, damage caused by fire, wild animals, domestic animals or vandalism, or damage when parked!

Reported to the police on: Theft Fire Wild/domestic animals
 Damage to parked vehicle Vandalism

Authority and code

UNIQA Sachversicherung AG

SALZBURGER Landesversicherung AG represented by Mr/Ms _____ is entitled to procure information of all kinds from individuals and authorities on my behalf, to inspect all relevant documentation and to make copies of such.

Place, date

Signature of Driver

Signature of Policy Holder

Please tick where applicable

²⁾ Abroad only