

**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

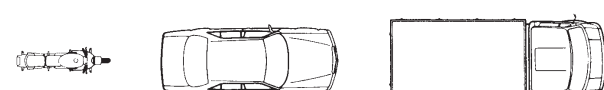
Relationship to Owner (B) and Driver (B)  Related  Acquainted  Unknown

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

Please indicate visible damage with



Type and extent of damage to own vehicle<sup>1)</sup> \_\_\_\_\_

**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 \_\_\_\_\_

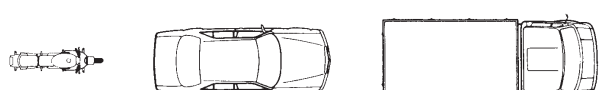
Postcode \_\_\_\_\_ Town \_\_\_\_\_ Daytime tel. no. (8am-4pm) \_\_\_\_\_

Accident-related driving licence confiscation?  Yes  No

**Damage to other vehicle**

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

Please indicate visible damage with



Type and extent of damage to other vehicle/previous damage<sup>1)</sup> \_\_\_\_\_

Please tick where applicable

<sup>1)</sup> 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 parts<sup>2)</sup>  Vehicle transport<sup>2)</sup>  Customs and scrapping<sup>2)</sup>

## 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

<sup>2)</sup> Abroad only