



Notification of Claim

In case of damages without any involvement of other parties please fill out the following notification of claim and forward it via email to: insurance.ch@ayvens.com.

ACCIDENT DETAILS

Day of accident

Time

Place (town, postcode, street, house nr. or km stone)

Reported to the police

yes

no

POLICY HOLDER

Company name

Telephone

Address (postcode, street, house nr., town)

VEHICLE

Make, Type

Registration number

DRIVER

Surname

First name

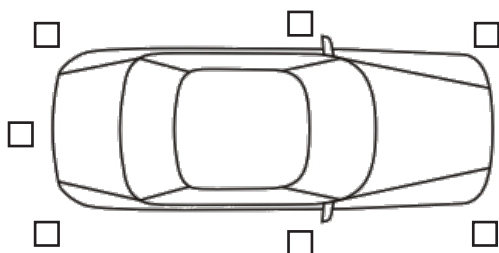
Driver

professional private

Use of vehicle

Address (postcode, street, house nr., town)

DAMAGES AND DETAILS OF ACCIDENT



Visible damages

Please indicate visible damages with a cross

Please indicate details of the accident

Remarks

Date

Signature

Please note that services may only be carried out on condition that a prior release has been effected by Ayvens.