



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

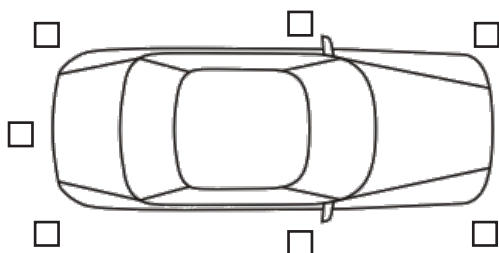
Driver

☐ 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.