



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

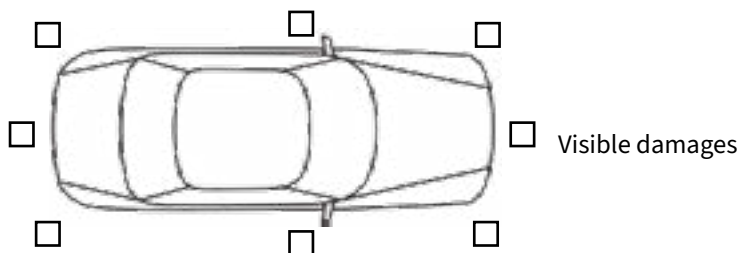
Make, Type Registration number

DRIVER

Surname First name Driver
professional private

Use of vehicle Address (postcode, street, house nr., town)

DAMAGES AND DETAILS OF ACCIDENT



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.