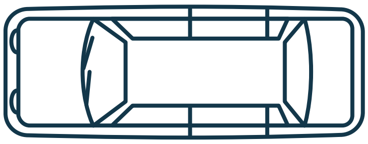
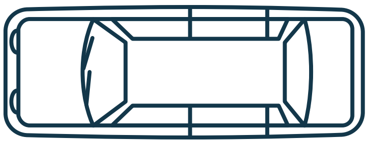
Claim form

Insurance company	Name of insurance company		☐ Collision damage waiver		☐ Liability insurance	
Policy holder/ company	Name					
	Address				Postal code/City	
	Damage happened during occupational or private driving:		☐ Occupational		☐ Private	
Driving license	☐ No	☐ Yes	☐ A	☐ B	☐ C	☐ D ☐ E
Driver (if the driver is not the policy holder)	Name				E-mail	
	Address		Postal code/City		Phone	
	The driver:		☐ Is employed by policy holder ☐ Borrowed the car		☐ Works as a repairman ☐ Other	
The vehicle	License plate		Car brand/model			
The accident	Date	At (0-24 o'clock)	Where did the accident happen?			
Police report	Was a police report filed?					
	☐ No	☐ Yes	☐ Only contacted via phone			
	Name of police station				File number	
Description of the accident	Collision speed					
	The policy holder's vehicle (km/h)		The counterpart's vehicle (km/h)			
	How did the accident happen?					
	In your opinion, who is responsible for the accident?		☐ The driver		☐ The counterpart	
Outline of the place where the accident took place	☒ Your vehicle ▱ The counterpart's vehicle ⊗ Neutral witnesses					

Damage to own vehicle	Describe the damage to the vehicle	Mark the damage with an X 	
	Do you have a roadside service subscription?	☐ Yes	☐ No
	If yes, with which company?		
	Where was the vehicle taken for repair?	Address	
		Postal code/City	
Witnesses	Name/address/phone/e-mail		
	Name/address/phone/e-mail		
Counterpart/ the injured	Name/address/phone/e-mail		
	License plate	Insurance company	
		Policy number	
Damage to the counter-part's vehicle	Describe the damage to the vehicle	Mark the damage with an X 	
Damage to objects	Which objects have been damaged, and to which extent?		
	To whom do the damaged objects belong?		
Personal injury	The extent of the injury		
	Name/Address		

I hereby declare that the information provided is a true and fair picture of real situation.	
City	Date
The driver's signature _	
The completed claim form should be submitted to forsikring.dk@ayvens.com	