

Claim form

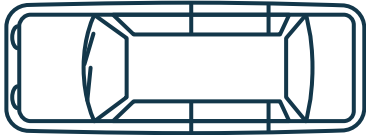
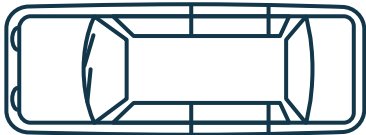
Fields marked with an * asterisk must be filled in.

| | | | |
|---|--|----------------------------------|--------------------------------|
| 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 | Works as a repairman |
| | | Borrowed the car | 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 | <input checked="" type="checkbox"/> Your vehicle <input type="checkbox"/> The counterpart's vehicle <input type="checkbox"/> Neutral witnesses | | |

Ayvens Danmark, Helgeshøj Allé 34, 2630 Taastrup, www.ayvens.dk

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| | | | | |
|--|---|-------------------|---|----|
| 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 counterpart'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 | |

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