



35481

This report form is to be used for the first contact with the CZECH INSURERS' BUREAU - Claims Settlement Department - in case of a damage caused to you by an operation of a vehicle. After completion, please deliver this report form by post, fax, mail or personally to the following address:

CZECH INSURERS' BUREAU

Na Pankráci 1724/129

140 00 Praha 4

telefon : +420 221413111

fax : +420 221413760

e-mail : claims@ckp.cz

REPORT OF THE CLAIMANT

I, undersigned below:

Name : _____ Birth number : _____ / _____
 Surname : _____ Birth date : _____
 Company : _____ Ident. number : _____
 Country : _____ Street: _____
 No.: _____ Town : _____
 Post code : _____ District: _____
 Tel: _____ Fax : _____

inform you that I have suffered at the below stated date :

date : _____ at _____ O' clock In: (Place, District, Town, Street, Road): _____

By an Undermentioned : (pls describe how the damage occurred) _____

the following damage: *In case if a vehicle is involved, pls complete its kind, :*

personal injury <input type="checkbox"/>	others <input type="checkbox"/>
damage to property <input type="checkbox"/>	loss of profit <input type="checkbox"/>

Kind : _____
 Registration plate number : _____
 International Country Code Letters : _____

The damage has been caused by operation of a vehicle which belongs to another person :

(pls complete all available particulars know to you)
Owner/Holder of vehicle (i.e. person written down in the Registration document of the vehicle)

Name : _____ Birth date : _____
 Surname : _____
 Company : _____ Ident. number : _____
 Country : _____ Street: _____
 No.: _____ Town : _____
 Post code : _____ District : _____
 Tel: _____ Fax : _____

Truck : (vehicles' make) _____	Registration No.: _____	International Country Code Letters : _____
Trailer/Semiattached (vehicles' make) _____	Registration No.: _____	International Country Code Letters : _____

In case of a foreign vehicle pls indicate:

Number of Green Card : _____ valid from : _____ till: _____

Number of Frontier Insurance Policy : _____ - _____ - _____ valid from : _____ till: _____

Investigated by the Police in : _____ under Ref.No.: _____

In: _____ Date: _____ Signature: _____