

INDEMNITY CLAIM

WE WILL ONLY BE ABLE TO PROCESS THE INDEMNITY CLAIM IF THE CLAIM IS PROPERLY AND FULLY COMPLETED AND ONCE WE HAVE RECEIVED ALL THE EVIDENCE OF OUR INSURED PERSON'S LIABILITY AND PROOF OF THE AMOUNT OF DAMAGE.



1. THE INJURED

Name:	Date of birth/Personal identification number:	Tax number:
Street and house number:	Postcode:	City:
Contact Person:		
E-mail address:	Phone number:	

2. THE PERPETRATOR

Name:	Date of birth/Personal identification number:	Tax number:
Street and house number:	Postcode:	City:
E-mail address:	Phone number:	

3. INFORMATION ON DAMAGE

The place where the damage occurred:	Street:	City:
Date and time of the damage:		
A detailed description of the incident with a sketch:		
Who do you think is responsible for the damage (the perpetrator)? Are you related to this person?		
In your opinion, what is the fault and liability of our insured person for the damage caused to you?		
Please list the witnesses (name, surname, address, and telephone number):		
Who took a report of the accident (which police station, inspection, internal authority, etc.)?		
Did you take a breathalyser test?	<input type="checkbox"/> NO <input type="checkbox"/> YES, result:	
Is the item insured by any other insurance companies?	<input type="checkbox"/> NO <input type="checkbox"/> YES, policy number: Insurance company:	

4. A DESCRIPTION OF THE DAMAGE CAUSED:

To persons:

To things:

Make and type of item	Volume	Year of manufacture	Time of purchase	Unit purchase price	Present value (your rating)

Other:

I claim the following indemnity for the damage suffered:

I attach the following supporting documents (medical records, invoices, photos, etc.):

5. STATEMENT

I shall be held materially and criminally liable for the accuracy of the information on the cause of the damage and other information provided in this claim and shall bear any consequences arising therefrom. I authorize the insurance company to collect information about the insured event, persons involved, etc. for the purpose of settling the reported insurance case. I am aware of the information on the processing of personal data, which is also available at www.generali.si/vop.

Place and date:

Signature of the injured party or stamp of the legal entity: