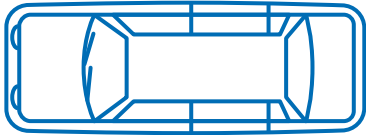
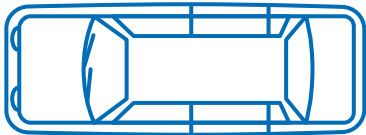


Claim form

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: <div>Occupational</div> <div>Private</div>					
Driving license	No	Yes	A	B	C	D E
Driver <small>(if the driver is not the policy holder)</small>	Name				E-mail	
	Address		Postal code/City		Phone	
	The driver:		<div>Is employed by policy holder</div> <div>Works as a repairman</div> <div>Borrowed the car</div> <div>Other</div>			
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					

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: nfforsikring.dk@nffleet.com	