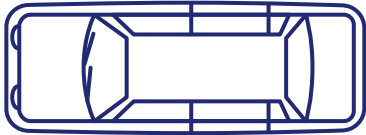
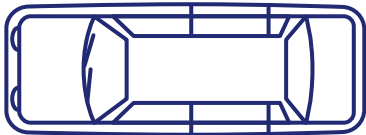


Claim form

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 type="checkbox"/> Your vehicle <input type="checkbox"/> The counterpart's vehicle <input type="checkbox"/> Neutral witnesses		

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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: nfforsikring.dk@nffleet.com	