

# Claim on car and motorbike insurance

## 1. Insured person

Please complete all fields

Surname	<input type="text"/>	Policy number	<input type="text"/>
Name	<input type="text"/>	Date of birth	<input type="text"/>
Street/number	<input type="text"/>	Daytime tel.	<input type="text"/>
Post code/place	<input type="text"/>	E-mail	<input type="text"/>

## 2. Driver of vehicle

Surname	<input type="text"/>	Date of birth	<input type="text"/>
Name	<input type="text"/>	Holder of driver's license since	<input type="text"/>
Street/number	<input type="text"/>	Daytime tel.	<input type="text"/>
Post code/place	<input type="text"/>	E-mail	<input type="text"/>

## 3. Your vehicle

Model and type	<input type="text"/>	Number plate	<input type="text"/>
Vehicle identification number	<input type="text"/>		

## 4. Event

Please complete all fields and the sketch

Date of event	<input type="text"/>	Time of event	<input type="text"/>
Place of event	<input type="text"/>		

Description of circumstances leading to the event

Sketch of the event

Vehicle					
Own	Of third party	Other	Motor-cyclist	Cyclist	Pedes-trian

Do you consider yourself responsible?

Partly
  No
  Yes



**5. Police report**

No  Yes, completed at the following police station

**6. Witnesses**

1st witness	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Name	<input type="text"/>	Post code/place	<input type="text"/>
2nd witness	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Name	<input type="text"/>	Post code/place	<input type="text"/>

**7. Injured parties**

1st injured party	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Vorname	<input type="text"/>	Post code/place	<input type="text"/>
	Daytime tel.	<input type="text"/>	E-mail	<input type="text"/>
	Injuries	<input type="text"/>		
Consulting doctor	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Name	<input type="text"/>	Post code/place	<input type="text"/>
2nd injured party	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Name	<input type="text"/>	Post code/place	<input type="text"/>
	Daytime tel.	<input type="text"/>	E-mail	<input type="text"/>
	Injuries	<input type="text"/>		
Consulting doctor	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Name	<input type="text"/>	Post code/place	<input type="text"/>

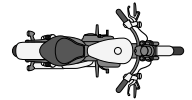
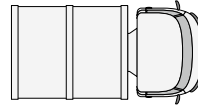
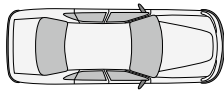
**8. Damage caused to property owned by a third party**

**Third party's damaged vehicle**

Vehicle keeper details	Surname	<input type="text"/>	Street/number	<input type="text"/>
	Name	<input type="text"/>	Post code/place	<input type="text"/>
Vehicle details	Model, type	<input type="text"/>	Number plate	<input type="text"/>
	Insured with	<input type="text"/>		
Where and from when can the vehicle be inspected?		<input type="text"/>		



Please indicate where the vehicle has been damaged



Expected cost of repairs

### Third party's damaged property

Information about the owner of the objects in question

Surname

Street/number

Name

Post code/place

Object

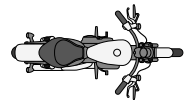
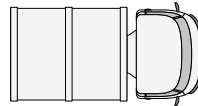
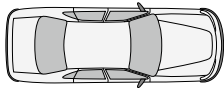
Extent of damage

## 9. Property damages to your own car

In the event of a collision with animals, please attach the gamekeeper's report to the claim

Where and from when can the vehicle be inspected?

Please indicate where the vehicle has been damaged



Expected cost of repairs

## 10. Comments

## 11. Legal information

Please note

By his signature, the signatory grants Sympany access to files or information relating to the claim and releases cantonal authorities, insurers, etc. from their legally or contractually bound obligation to maintain confidentiality toward Sympany.

Please sign here and return by post or e-mail to the address given above

Place and date

Signature