



## DUNAV INSURANCE COMPANY A.D.O.

Claim number \_\_\_\_\_  
Policy number \_\_\_\_\_

MAIN BRANCH OFFICE \_\_\_\_\_  
ORGANIZATIONAL UNIT \_\_\_\_\_

### NOTIFICATION OF LOSS ON A MOTOR VEHICLE

1) The insured _____ ID number _____ Address _____ _____ Telephone _____ email _____	
2) Registration number _____ Type of vehicle _____ Make, class and model of vehicle _____ Chassis no _____ engine no _____ year of production _____ power rating _____ KW Carrying capacity _____ t, engine cubic capacity _____ cm <sup>3</sup> , reg. number of seats _____	
3) Motor car registration document is valid until _____. The last overhaul was carried out as of _____. Date of first registration _____. The vehicle has been purchased as ___/ second hand as of _____ at the price of Din. _____	
4) Car accident occurred:	On (date) _____ at (time) _____ in the location _____ In the street – between _____ District _____
5) Data on the driver:	Surname and name _____ Address _____ Driving license number _____ for category _____ issued By _____ Valid until _____
6) The seat of interior affairs authorities the car accident has been reported to. In case it has not been reported - state the reasons.	_____
7) Has the breath-test been carried out, by whom and where?	_____
8) Surname and name and address of a passenger - witness - eyewitness of the car accident	_____
9) Where is the damaged vehicle placed? Can it be used for driving?	_____
10. In case of collision with other motor vehicle, state: a) type, make and registration number of the vehicle b) surname and name of the motor vehicle onjner and his address c) insurance company providing TPL coverage for the vehicle d) which vehicle has caused the car accident	_____ _____ _____ _____



11) Describe in details time, place and circumstances of the occurrence of car accident (draw a sketch too)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If it is determined by authorities or in any other way that, pursuant to Conditions for combined motor vehicle insurance, I am not entitled to indemnity, I undertake to return the amount received by way of indemnity to Dunav Insurance Company, a.d.o. in the period of 30 days from the day of notifying that pursuant to the said regulations I am not entitled to indemnity for the loss incurred.

In \_\_\_\_\_ Insured

On \_\_\_\_\_

Identity card no. \_\_\_\_\_ MUP \_\_\_\_\_

**FILLED OUT BY LOSS ADJUSTER**

13) Under the policy, number \_\_\_\_\_ valid from \_\_\_\_\_ until \_\_\_\_\_ year \_\_\_\_\_ the following lines of insurance have been concluded:

- Complete "hull" insurance ( \_\_\_\_\_ ):..... Din. \_\_\_\_\_
- Partial "hull" insurance..... Din. \_\_\_\_\_
- To the sum insured of..... Din. \_\_\_\_\_
- excess.....
- additional risk.....
- Additional equipment and accessories to the sum insured of..... Din. \_\_\_\_\_
- Luggage insurance to the sum insured of..... Din. \_\_\_\_\_
- Accident insurance.

-for.....driver – sum insured per person: for death..... for total permanent disability.....

-for.....passenger – worker – sum insured per person: for death ..... for total permanent disability.....

- Tariff category of passenger car \_\_\_\_\_

Additional payments and other contracts under this policy \_\_\_\_\_

Data in this notification of loss under items 2,3 and 13 have been checked, added and/or filled out :

On behalf of Dunav Insurance Company, a.d.o.

As of \_\_\_\_\_

NOTE: In case of seizure or theft of vehicle or any parts thereof, the confirmation on reporting theft to the authorities should be submitted