DUNAV INSURANCE COMPANY

MOTOR VEHICLE CLAIM FORM

CLAIMS DIRECTORATE, Claims Centre_____
Claims Service_____

Claim no. _____
Policy no_____

Personal ID no/Registration no.....Address.....

telephone.....Email.....

Surname, name and address of the driver .....

telephone ..... no. of driver's licence ..... for the category of ..... valid until .....

The loss event occurred on ___.___._____. at____in.....

Describe in detail the time, place and circumstances of тhe loss event/ the traffic accident and draw a sketch:

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Has the loss event been reported to the competent authority of the Ministry of the Interior?

a) no, for the following reason .....

b) yes, the police has composed minutes and referred us to complete the European report

c) yes, the police conducted the investigation

Fill in data on other participants (in the event of accident that included other vehicles, state the registration plates no, the no. of MTPL policies and names of the Insurers with whom the vehicles are insured) .....

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Description of damages to the vehicle: .....
Vehicle is movable? a) yes b) no, it is located at the address of .....

Have you sustained any other damages in addition to the damage to the vehicle? a) no b) yes (describe)

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Please determine the amount of indemnity: a) based on the submitted repair invoice b) without submitted repair invoice

Please pay out the indemnity at the following account no.: .....a) owned by me b) owned by a third party (state name, surname, personal ID and address of the party) .....

I shall be morally and materially responsible for the accuracy of the data on the cause of damage and other information stated in this clam for indemnity and bear all the consequences arising thereunder and I accept that the Insurer can conduct the procedure of advertising damaged vehicles in order to assess their actual market value at an auction.
If determined by the competent authorities or otherwise that I am not entitled to indemnity under the Terms and Conditions for Comprehensive Motor Insurance, I shall undertake to return to Dunav Insurance Company j.s.c. the amount received by way of indemnity within 30 days following the date I was informed that under the mentioned Terms and Conditions and/or the Law I am not entitled to any indemnity for the damage incurred.

The Claimant/Damaged Party

In .....

..... 20.....

Personal ID document no. ..... Competent police station.....

OB-193a