

Car insurance damages claim

(Please complete in UPPERCASE)

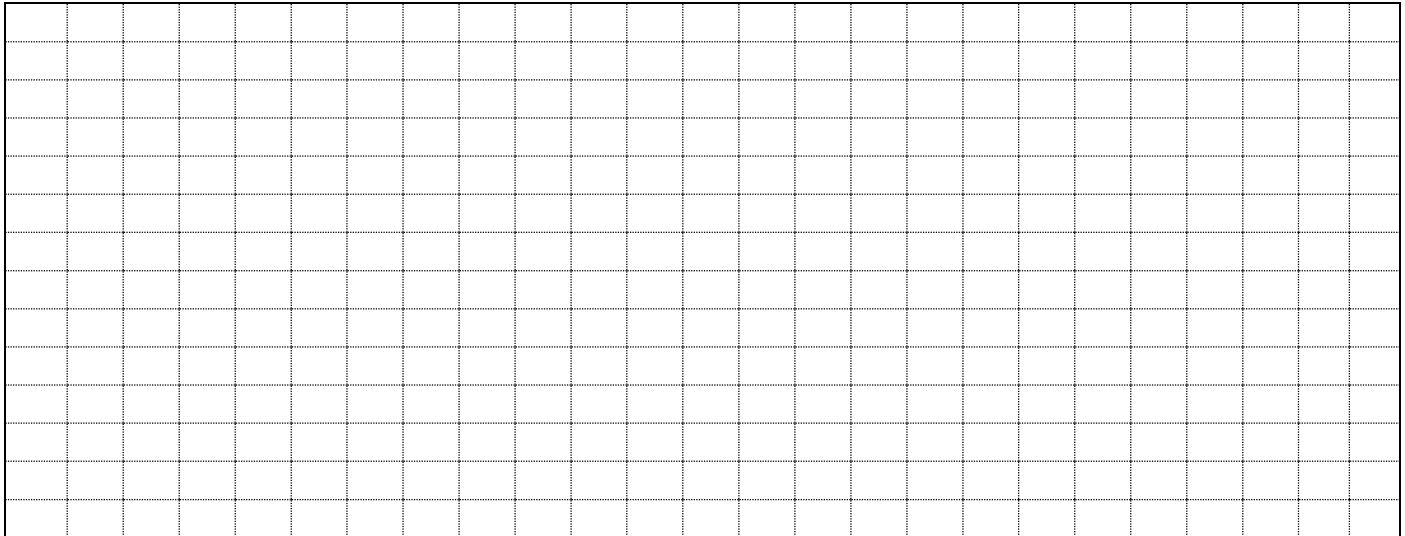
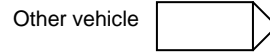


Applicant	First name and surname	E-mail address			
	Address (street, building, city, municipality, county, postcode)		Phone number		
Owner of vehicle	First name and surname / Company name		Personal identification code / Registry code		
Driver of vehicle when damage was caused	First name and surname	Phone number	Driver's licence no.		
Details of vehicle	Mark, model and modification	License plate	Year	Mileage (km)	
Details of accident	Location of accident causing damage (street, city, county)		Country	Date and time	
	Detailed description of how damage to vehicle occurred				
				
				
(use extra pages if required)					
Did the driver of the vehicle hold a licence of a category appropriate to the vehicle being driven? <input type="checkbox"/> yes <input type="checkbox"/> no		Was the driver of the vehicle under the influence of alcohol or narcotics at the time of the accident? <input type="checkbox"/> no <input type="checkbox"/> yes			
Was the driver of the vehicle responsible for the accident? <input type="checkbox"/> no <input type="checkbox"/> yes					
Police involvement	Were the police informed of the accident? <input type="checkbox"/> no <input type="checkbox"/> yes (please specify below - branch, officer in charge)				
	Did the police attend the scene? <input type="checkbox"/> yes <input type="checkbox"/> no		Did the police instigate legal proceedings? <input type="checkbox"/> yes <input type="checkbox"/> no		
Other party (if another vehicle was involved)	Make, model and modification of vehicle		License plate		
	Other driver (First name, surname and contact details)				
Comments					


Witnesses	Were there any witnesses to the accident? <input type="checkbox"/> no <input type="checkbox"/> yes (please specify below – name, contact details)
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Personal injury or damage to other assets	Were any injuries caused in the accident? <input type="checkbox"/> no <input type="checkbox"/> yes (please specify below – how many people, their names)
	Were any other assets damaged in the accident apart from the vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes (please specify below)

Draw a diagram of the accident. Illustrate the placement of the vehicle(s) involved at the time of the accident in relation to each other/the surroundings.



Visible damage to vehicle	List of damage caused to vehicle (indicate direction of damage on diagram using arrows)

	<p style="text-align: center;">My vehicle Other vehicle</p> 

Location of vehicle	Current location of vehicle: address or name of repair company (to be filled in, if the location of the vehicle is not Seesam)
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Claim for damages (in event of damage from traffic accident)	In accordance with the Motor Third Party Liability Insurance Act, in the event of a claim for compensation the party affected must submit a written claim for damages to the insurer of the party responsible for causing the damage (MTPLAC § 40, 41, 42) Hereby I apply for indemnification of the damage made. The volume of damage isEUR
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Damage indemnification	Payment to the repair company <input type="checkbox"/>	Name of the repair company	
	Payment to the owner of the vehicle <input type="checkbox"/>	Name of the Account owner	Account number

Signature	I confirm that the details given above are true. I hereby consent to Seesam obtaining information in regard to the aforementioned accident from government agencies, third persons and medical institutions and/or attending physicians.		
	First name and surname	Date	Signature

Insurer	Seesam Insurance AS, A.H. Tammsaare 118D, 12918, Tallinn Phone: (+372) 628 1700; Fax: (+372) 628 1771; E-mail: kahjud@seesam.ee ; www.seesam.ee
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Receipt of claim by Seesam	Name of Seesam representative who received claim	Date	Signature