

CLAIM FOR DAMAGE FROM AN ACCIDENT (POLICE REPORT)

Applicant of the claim	
FIRST AND LAST NAME	+
JMBG/PIB	+
ADRESS	+
PHONE NUMBER	+
E-mail	
IBAN/SWIFT	+
OWNER OF THE BANK ACCOUNT	+
REGISTRATION	+
MODEL OF THE CAR	+
INSURANCE POLICE NUMBER	+
DRIVER OF THE DAMAGED CAR	+
PHONE NUMBER	+
DRIVING LICENCE NUMBER	+
ADRESS	+
Date of the accident:	

date: _____.

Signature