



**THE INJURED PARTY - APPLICANT**

**Details about the injured party - owner of the vehicle**

Name and surname/title (name the leasing company if applicable)

Address:

Telephone

Tax number

e-mail

**Damaged vehicle details (if it is the object of damage)**

Registration number  MTPL Policy No

Insurer

Kilometres driven  Make and model

Chassis number

Does the vehicle have Casco insurance?  Yes  No If yes, please name the insurer

After the damage, the vehicle is:  drivable  undrivable

If the vehicle is undrivable, please name the location where the damage can be reviewed

**Driver details (the person driving the damaged vehicle at the time of the accident)**

Name and surname

Tax number

Address:

Telephone

Driving licence number, category, valid until

e-mail

**INSURED - INJURER (person who caused damage)**

**Details about the injurer - owner of the vehicle**

Name and surname/title

Tax number

Address:

Teleph./e-mail

**Vehicle details (injurer's vehicle)**

Motor liability policy number

Policy period

Registration number

Make and model

**Driver details (the person driving the insured's vehicle at the time of the accident)**

Name and surname

Tax number

Address:

Telephone

Driving licence number, category, valid until

e-mail

**ACCIDENT DETAILS**

**Object of the damage**

vehicle  building  fence  things  persons  other

Date and time of the accident

Place and street where the accident occurred

Have the police been notified about the accident?  Yes  No Police Department

Have the police investigated the scene?  Yes  No Has a breathalyzer test been done?  Yes  No

Has the European accident statement been filled in?  Yes  No

**Witnesses - List their names, surnames and addresses**

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**Detailed description of the (car) accident**

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If the owner of the vehicle (injured) was not driving the vehicle at the time of the accident, the driver's written declaration needs to be provided.

**Drawing of the (car) accident** (Sketch the road, the crossroads or the turning where the accident occurred. Draw the position of the vehicles at the time of the accident, directions of their movement prior to the accident and traffic signs at the scene of the accident)



**List the most significant damage on the vehicle**

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**If persons were injured, list their names and surnames and type of injury**

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**DECLARATION OF THE INJURED PARTY**

The driver is VAT taxable  Yes  No      The driver can reclaim VAT  Yes  No  
Vehicle purpose:  personal vehicle    rent a car    training vehicle    for resale  
 taxi    service vehicle    hearse    transportation

**I prefer the damage to the vehicle to be reimbursed:**

1) according to the settlement    3) to the mechanic based on the invoice   I agree that the reimbursement is paid directly to the mechanic that repaired the vehicle  
 2) based on the repair invoices

**Account for reimbursement**

Account owner

Bank name

IBAN

I wish to receive notifications about my claim and all other communication on my e-mail address  Yes  No

By signing this form, I confirm that all data, information and statements I have given are accurate, complete and true, as well as that I have received, read and understood the HOK-OSIGURANJE d.d. Data Processing Information. I hereby declare that I am informed that HOK-OSIGURANJE d.d. processes the data provided on this form exclusively for the purpose of implementing the appropriate procedure to process the reported damage, as well as that I am informed about HOK-OSIGURANJE d.d. direct communication practices to obtain information about the status of my claim. I hereby declare that I will protect the data provided on this form from possible misuse and unauthorized use of third parties and that I will not transmit them to unauthorized persons.

Place and date

Applicant's signature