

**CLAIM APPLICATION
ARTICLE 6 PARA. 6 OF L. 237/86
TO INSURANCE COMPANY**

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I request my compensation for the accident that took place on and time in the street.....and city/region of.....

I briefly present the following data regarding the accident:

Applicant	Name		
	Address		
	Tel.	Mob.Tel.	E-mail

Responsible for accident vehicle	Registration number	brand / type
	Insurance Company	

The driver who hit me made the following traffic offences (marked with an "x" on the left side).

<input type="checkbox"/>	Started from stop / opened the door
<input type="checkbox"/>	Left a parking area / private or gravel road
<input type="checkbox"/>	Entered in a parking area / private or gravel road
<input type="checkbox"/>	Changed strip
<input type="checkbox"/>	Overtaking
<input type="checkbox"/>	Turned abruptly
<input type="checkbox"/>	Drove back
<input type="checkbox"/>	Walked into oncoming traffic
<input type="checkbox"/>	Reversal
<input type="checkbox"/>	Violated red traffic light
<input type="checkbox"/>	Violated STOP sign
<input type="checkbox"/>	Other

The movement of vehicles was as follows (drawing):

The points of conflict between vehicles were:

Applicant vehicle	Responsible for accident vehicle

Present were witnesses (names, address, phone, mobile):

1.
.....
2.
.....

Injured the following:

1.
.....
2.
.....

Right now my vehicle is available for expert's report to the following address:

.....
.....
.....

OTHER COMMENTS:

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.....
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.....
.....

(place & date)

The applicant