

GAP Insurance - Claim Form

PART A - 1/2

IMPORTANT INSTRUCTIONS FOR INSURED:

- PART A has to be filled and delivered to Underwriter as soon as possible after Claim, relating to car mentioned in GAP policy, appears.
Any delay, that can have serious impact to properly consider or investigate Claim, can be reckoned as reason for reduction or rejection of indemnity.
- Please, fill all parts of this form and make sure all required information are correct. If needed, make and sign attachments with other information.
- Incompletely filled or no signed form by Insured (on each side) Underwriter will reject. Claim investigation will start when after submission completely filled and signed form by Insured.
- In communication and correspondence with Underwriter always, please, mention Claim registr. Number advised by Underwriter in registr. letter and also GAP Policy Number.
- Terms used in this form have same sense as in GAP terms and conditions.

Policy Number:		Claim Number (see the Registration Letter):	
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Data of Insured:	Vehicle Data:
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Company Name (*):		Make:	
Company ID (*):		Model:	
Last name of Insured/ Authorized (*):		Vehicle Owner (registred):	
First name of Insured/ Authorized (*):		Reason why Insured is NOT Owner:	
Date of Birth of Insured/ Authorized (*):		Vehicle User (registred):	
Phone:		Vehicle Registration Number:	
E-mail:		VIN (Vehicle Identification Number):	
Address - Street:		Vehicle at the Start Date of the Policy (New/ Used):	
Address - City:		Vehicle Category (Passenger/ Commercial):	
Address - Zip Code:		Mileage of the vehicle at the time of loss (km):	
Address - Other - 1:		Vehicle condition immediately prior to the loss:	
Address - Other - 2:		What date was the vehicle purchased:	
Vehicle user at the time of or immediately prior to loss:		Where was the vehicle purchased from:	
If NOT Insured - why did other person use the vehicle:		Vehicle Purchase price (based on the Invoice):	
If NOT Insured - where was Insured at the time of loss:		How was the vehicle purchased (cash/ loan/ Leasing ...):	
If NOT Insured - what is relationship User/Insured:		Expire Date of MOT:	
If NOT Insured - who and how informed Insured:		When and where was the vehicle last serviced:	
Previous total losses of Insured - 1:		Date and Mileage of the last service:	
Previous total losses of Insured - 2:		Primary insurer - Name:	
Insured - Other Data - 1:		Primary Insurer - Policy Number:	
Insured - Other Data - 2:		Primary Insurer - Deductible:	
Insured - Other Data - 3:		Other Insurance connected to the Vehicle (GAP, deductible,...):	

(*) If Insured is legal person, mentioned whole person's name, who this form brings up (corporate agent or person authorised to act on base of Authorisation).

I declare all information mentioned here is faithful and entire. I acknowledge with full responsibility that conscious supply of false information in Claim form is criminal act.

Signed in:		Date:		Signature of Insured:	
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Please continue on PART A - 2/2

GAP Insurance - Claim Form

PART A - 2/2

Policy Number:		Claim Number (see the Registration Letter):	
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Claim Data:

Claim - Date/Time/Place:	
What was the purpose of the vehicle journey:	
What happened (obtain brief overview from caller - what/ where/ circumstances):	
Police investigation (Reported Date and Time, by who):	
Police (Contact, Claim number):	
If NOT reported to Police - why:	
If NOT reported to Police - other relevant document:	
Witnesses of claim (Contact/relationship to Insured):	
Primary Insurer - who and when was contacted (contact):	

Damage of the Vehicle (Accident/ Nature hazards Other):	Theft of the Vehicle:
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Claim Reason (accident/nature)	How was the theft discovered:
Identification of other involved vehicles:	Who was the theft discovered by:
Identification of other TP Drivers Passenger/s:	Exact date and time when the vehicle was last seen:
How many passengers were in all vehicles:	Exact location where the vehicle was last seen:
Were injuries witnessed at the incident scene:	If not at policyholders registered address, why:
Alcohol Test result (all parties):	Who was the vehicle last seen by:
Has any party accepted liability (if YES, why):	Who and When was the vehicle last used:
Was there any post incident conversations:	How was the vehicle secured:
Does the insured know the third party before:	How many sets of keys were issued at vehicle purchase:
Has the insured ever meet the third party before:	How many sets of keys have been passed to the Primary

STATEMENT AND AUTHORISATION:

I, below signed Insured, authorised company QBE INSURANCE (EUROPE) LIMITED, organizační složka (hereinafter "QBE") and its properly constituted attorney for purposes of investigation above mentioned Claim namely to relationship to any:

Underwriter, seller, car repairer, bank and or leasing company, state administration body, other legal or private person and or constituted attorney from any of those persons in following extension:

- to require and get information relating to investigation of above mentioned Claim, namely also within investigation, to require and get copies of documents relating to Primary Insurance or rights enforced according to Primary or other car insurance,
- to check Claim purchase, details of using method, service records and service controls above mentioned car, to investigate and check circumstances leading to Claim and indemnity right inception,
- to check any above mentioned information and statement, incl. right to require documents confirming given statement.

Hereby I license QBE and Primary Insurer my formal agreement to provide and participate information (incl. my personal data) relating to my policy with Primary Insurer, my GAP policy and my relevant rights arisen as a result of a Claim.

Furthermore I declare all information mentioned here is truthfull and full, that claim, by reason of indemnity right arose, was accidental, sudden event.

Conscious supply false information or statement in a Claim report is criminal act. QBE reports all cases of insurance fraud to relevant authority and take all legal steps for compensation of expenses and paid indemnity.

Signed in:		Date:	
Signature of Insured:			