

Vehicle damage report

Use the tab key to move to the next text field or click on the field with the cursor.

Policy number / claims number	
Claim form was completed by	

Policyholder's details

First name and surname, title, company or trading name of insuree, address	
Date of birth (day, month, year)	Phone number
Email address	

Type of the damage

- Vehicle liability insurance
 Hull insurance
 Occupant accident insurance
 Assistance insurance
 Liability insurance

Policy number

Incident details

Date and time of the event	Where did the event occur?
Official admission <input type="checkbox"/> no <input type="checkbox"/> yes	
	If yes, from whom?
	Reference number

Your assessment of fault <input type="checkbox"/> Personal fault <input type="checkbox"/> Partial fault <input type="checkbox"/> No fault
Who caused the damage?
How much do you estimate the damage?
Damage and injury details (possibly with a sketch)

Insured motor vehicle

Brand / Model / Type	
Number of passengers incl. driver	First registration
Vehicle type (car/truck/etc.)	Licence plate number
Chassis number	Colour
Vesting of the hull insurance/lessor	
Visible previous damage/s	Damaged vehicle parts

Driver of the insured motor vehicle

First name and surname, title, company or trading name of insuree, address	
Date of birth (day, month, year)	Phone number
Email address	
Driving licence number	Group(s)
Issued on (day/month/year)	Issued by

Foreign vehicle

If more than one vehicle is involved, please use the additional field on the next page.

Brand / Model / Type	
Number of passengers incl. driver	First registration
Vehicle type (car/truck/etc.)	Licence plate number
Chassis number	Colour
Liability insurance holder/policy number	Hull insurance holder/policy number
Visible previous damage/s	Damaged vehicle parts

Driver (foreign vehicle)

If more than one vehicle is involved, please use the additional field on the next page.

First name and surname, title, company or trading name, address	
Date of birth (day, month, year)	Phone number
Email address	

Owner (foreign vehicle)

If more than one vehicle is involved, please use the additional field below.

First name and surname, title, company or trading name, address	
Date of birth (day, month, year)	Phone number
Email address	
Additional field: foreign vehicle, driver, owner	

Other property damage

In case of multiple damaged items, please use the additional field below.

Damaged property
First name and surname of the owner/company or trading name
Address
Additional field: property damage

Injured person

For more than one person, please use the additional field below.

First name and surname, title, company or trading name, address	
Date of birth (day, month, year)	Phone number
Email address	
Fatal injury? <input type="checkbox"/> no <input type="checkbox"/> yes	
Safety belt/helmet? <input type="checkbox"/> no <input type="checkbox"/> yes	
Passenger in the insured vehicle? <input type="checkbox"/> no <input type="checkbox"/> yes	
Type of injury?	
Additional field: Injured person	

Witnesses

If there are multiple witnesses, please use the additional field below.

First name and surname, title/company or trade name, address	
Date of birth (day, month, year)	Phone number
Email address	

Additional field: witnesses

General questions

Was the policyholder aware of the use of the vehicle/did he agree to its use?	<input type="checkbox"/> no	<input type="checkbox"/> yes
Did the driver consume alcohol within the last 8 hours before the accident?	<input type="checkbox"/> no	<input type="checkbox"/> yes
	If yes, which quantity?	

The following questions are only to be filled in if you hold a hull insurance:

Which workshop will carry out the repair?
When will your vehicle be transferred there?
Repaircosts according to the company's cost estimate?

The following questions are only to be completed if you hold a liability insurance:

How much do you estimate your own damage?
What claims for compensation are you making?

I have answered the questions in the notification of claim truthfully and to the best of my knowledge. I authorise TIROLER VERSICHERUNG V.a.G. and its representatives to carry out alle necessary investigations in this matter of loss, to inspect the file relating to the loss (administrative criminal file, official file) and to make copies thereof.

Place, date

Signature of the person responsible for the event

Signature of the policyholder/company signature

Please send us the completed and signed form by post or by e-mail (schaden@tiroler.at). Thank you very much.