

**CLAIM REPORT (CASCO)**

Insured (Company name/ Name, Surname)			
Insurance policy No.			
Phone No		E-mail	
Vehicle (Type, Model)		Plate (reg. no.)	
Driver (Name, Surname)			
Date of the accident			
Place of the accident			
Other participants (if they are)  NO <input type="checkbox"/>	Vehicle (Type, Model)		
	Plate (reg. no.)		
	Driver		
	Insurance policy No.		
Which police station was notified (if police was involved)?			
Description			
<p>Damaged parts</p> <p><u>Note:</u> It is obligatory to deliver repair estimate from Car Repair Shop before the vehicle is being repaired.</p>			
Benefit to Be Paid Name/Surname/Company Bank account number, bank code and personal ID Code			
<p><b>I agree that my personal data would be used to receive information about Insurance products:</b></p> <p>I do agree <input type="checkbox"/> I do not agree <input type="checkbox"/></p>			

Enclose the following documents (copies):

1. Driver license;
2. Police report/Accident report form;
3. Vehicle registration certificate;

I state that all the information above is accurate and true. I do understand that my personal data will be processed under Data protection policy of the Company (<https://www.compensa.lt/slapuku-naudojimo-politika-privatiems/>)

Date \_\_\_\_\_

\_\_\_\_\_  
(Name, surname, signature)