



Relax, we'll help you.

# REPORT A CLAIM

*relating to an accident involving a vehicle*

NB: Damage to glass should only be reported if the perpetrator is known.

Claim number:
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Insurance policy holder	
Name:	CPR/CVR number:
Telephone/Mobile:	Email:

The driver (Only to be completed if the policy holder was not driving the vehicle)		
Name:	Email:	
CPR Number:	Telephone/Mobile:	Driver's connection to the vehicle (e.g. regular user, spouse, borrower, colleague, etc.):

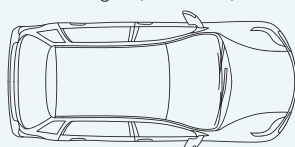
Driver's driving licence			
Driver's licence number:	Date of issue:	Category: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	Moped licence/Tractor licence/Crane/Truck/Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



The vehicle		
Registration number:	Make, model or type (and serial number if the vehicle is unregistered):	Year:

Date and location of incident		
Date (day, month, year):	Time:	Site of accident (road name, house number, postal code or intersection):

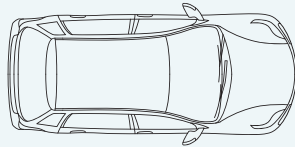
Police report		
Has the incident been police reported: <input type="checkbox"/> Yes <input type="checkbox"/> No	Report number:	Was the driver tested for alcohol and/or other intoxicating substances? <input type="checkbox"/> Yes <input type="checkbox"/> No

Witnesses	
Were there witnesses to the accident ( <b>not passengers</b> ): <input type="checkbox"/> Yes <input type="checkbox"/> No	Where were the witnesses:
Name, address and mobile number of witnesses:	

Damage to own vehicle/possessions	
Description of damage:	State where on the car the damage is (own vehicle): 

Description of the accident (a reference to the police report is insufficient)		
Your speed:	Counterparty's speed:	Sketch of the accident site: <input checked="" type="checkbox"/> Witnesses  Your vehicle  Counterparty's vehicle
Were you or the counterparty driving:	Me:    The counterparty:	
1. On a main road	<input type="checkbox"/> <input type="checkbox"/>	
2. Off a road with shark's teeth, triangles or stop signs	<input type="checkbox"/> <input type="checkbox"/>	
3. Over the pavement/bike path from a side road	<input type="checkbox"/> <input type="checkbox"/>	
4. On private land or property, on a dirt road, at a petrol station or in a car park	<input type="checkbox"/> <input type="checkbox"/>	
Explanation:		

Counterparty/injured party:	
Owner's name, address:	Telephone/Mobile:
The driver's name, address and mobile number (if the owner was not driving the vehicle): <input type="checkbox"/> Unknown	
Registration number:	Make and colour:
Insurer:	

Damage to the counterparty's vehicle/possessions	
Description of the nature and extent of the damage:	State where on the car the damage is (counterparty's vehicle): 

Injury to persons (in the event of any personal injury, complete the following)	
Name:	CPR Number:
Address and postal code:	Telephone/Mobile:
The person was: A passenger in the vehicle <input type="checkbox"/> A passenger in the counterparty's vehicle <input type="checkbox"/> The driver of the counterparty's vehicle <input type="checkbox"/> Other:	

At Fault
Who, in your view, was at fault and why:

Signature
I hereby declare that the above details are an accurate reflection of the truth and I hereby give my consent to If to obtain and forward details about me to other insurers and public authorities, acquire technical readings from the vehicle and associated keys, and to obtain details from credit reference agencies. If the damage relates to a leased car, I also give my consent to If to exchange information with the leasing company. Your consent applies to this specific claim.
_____
Policy holder's signature <span style="float: right;">Date</span>

**If you have any questions, you are always welcome to get in touch:**

If you are a private customer:                      Email: bilskade@if.dk, telephone 3687 4080  
If you are a business or industrial customer:      Email: motorskade@if.dk, telephone 3687 4820  
If you are a private customer, If will make payments to you via Nemkonto.