

POLICY NO.

CLAIM NOTIFICATION UNDER PROPERTY INSURANCE

All data collected based on this claim form will be used for the purpose of meeting legal and regulatory obligation of the insurer.

| INSURED PARTY - Name and last name / company name | | | | |
|--|-------------------|----------------------------------|----------------|---------------|
| PIN (OIB) | | | | |
| Address (ZIP code, town, street and no.) | | | | |
| Phone, fax, e-mail | | | | |
| Name of the bank | | | | |
| Account number | | | | |
| INFORMATION ABOUT THE HARMFUL EVENT | | | | |
| Date of claim | | | | |
| Place of claim (ZIP code, town, street and no.) | | | | |
| Cause of claim (fire, breaking in and theft, glass breakage, etc.) | | | | |
| Description of the harmful event | | | | |
| Has the damage been reported to the police? | | YES | NO | Which PD? |
| Has the person responsible for the damage been determined? | | YES | NO | Who was it? |
| Have the nearby structures been damaged? | | YES | NO | Which ones? |
| Have the damaged items been insured elsewhere? | | YES | NO | Where? |
| NAME OF THE DAMAGED ITEM | BRAND, TYPE, SIZE | YEAR OF MANUFACTURE /INSTALLMENT | PURCHASE VALUE | PRESENT VALUE |
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| Place and date: | Stamp and signature of the insured party: |
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| Name, last name and signature of the person who received the report: |
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Please send the form to the e-mail: prijavasteta@wiener.hr or bring it to the closest branch office