

Helvetic Mobility AG
Balz-Zimmermann-Strasse 38
8302 Kloten

Your damage from Insurance policy number 1.975.246

Dear Sir or Madam,

Please complete, sign and return this form to us.

Please provide the name of the contact person who can answer questions.

Person to contact _____

Telephone _____

Mobile _____

Fax _____

Email _____

Are you authorised to the input tax deduction?

no yes

VAT no. _____

Do you have legal expenses insurance?

no yes

Company _____

Has the case been reported to them?

no yes

Designation of vehicle (details from vehicle registration certificate)

Brand and Type _____

Licence number _____

Date of first registration _____

Chassis or identification no. _____

Mileage in km _____

Driver of above-mentioned vehicle at time of damage

Name, First name _____

Telefon, Email _____

Address _____

Date of birth _____

Valid driving licence

no yes

Date _____

Licence category _____

Details of loss event

Date _____

Time _____

Town and street _____

Police report

no yes

Police station _____







Do you consider yourself or the driver of the vehicle to be

responsible

partially responsible

not responsible

Sequence of events leading to the accident - description and sketch (required even if a police report was prepared)

Motor vehicles			Motor-cyclist	Cyclist	Pedestrian
Own	Opponent	Additional			
					

Witness

Passengers in your vehicle (Name, First Name, Address, Tel., Email)

1. _____

2. _____

Other witnesses to the accident (Name, First Name, Address, Tel., Email)

1. _____

2. _____

Injured persons

Name, First Name, Address, Tel., Email (if more than two injured persons, please enclose additional sheet) Age

1. _____

2. _____

Nature of injury	Injured person's occupation	Employer
1. _____	_____	_____
2. _____	_____	_____

Address of attending physician/hospital	Who is the injured person's accident insurer?
1. _____	_____
2. _____	_____

Are you related to any of the persons injured? no yes, with

Third-party property damage

Damaged third-party vehicle (if more than one, please enclose additional sheet)

Owner (Name, First Name, Address, Tel., Email)	Entitled to federal input tax deduction?	no	yes
_____	_____	_____	_____

Are you related to the owner? no yes

Damaged third-party vehicle (cont.)

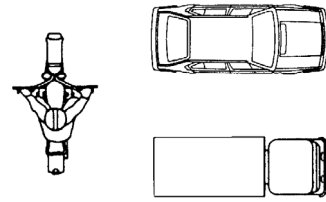
Brand and Type

Licence plates

Please mark the point of impact with an → and circle the damaged area

With what company is the vehicle insured against liability?

With what company is the vehicle insured partially comprehensive- / fully comprehensive accident cover?



Where can the vehicle be inspected?

As of when?

Repair costs approx. CHF

Damaged third-party items (e.g. bicycle, fence, premises, animals, etc.)

Item

Nature of damage

Claim amount CHF

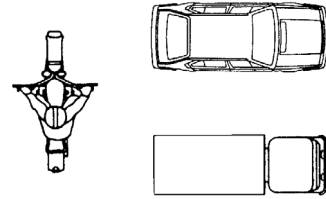
Owner (Name, First Name, Address, Tel., Email)

Accident damage

Nature of damage

Please mark the point of impact with an → and circle the damaged area

Where will the item be repaired? (company, address)



As of when?

Repair costs approx. CHF

Payment to

Account holder including address

IBAN

I hereby authorize Helvetia Swiss Insurance Company Ltd (hereinafter: Helvetia) to process data to the extent required to settle this claim, and to collect information from and view the records of the following: doctors, hospitals, medical personnel, government authorities, the police, the fire brigade, the authorities responsible for administrative measures in connection with road traffic, private and social insurers such as disability (IV) and accident (LAI) insurers, both in Switzerland and abroad. I hereby also release the above and any persons assisting them from their official or professional obligation to maintain secrecy or confidentiality and further authorize them to provide Helvetia with information.

To combat insurance fraud, Helvetia is associated with CarClaims-Info, which is managed by SVV Solution AG. This database is used to store data of vehicles affected by a claim. This exchange of data between the insurers involved makes it possible to determine whether a reported vehicle claim has already been settled by another insurance company.

The undersigned notes that no pretention from third parties must be accepted without authorisation from Helvetia Insurance.

The undersigned hereby confirms the completeness of the documentation and the accuracy of any information and the undersigned takes note that false or incomplete information will forfeit my/our right to claim for indemnity.

Place, date

Signature