

Reporter Name, surname

Policyholder Name, surname / company name

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Victim Name, surname

[illegible]

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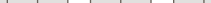
Circumstances of the event



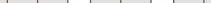




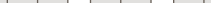




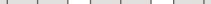




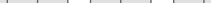




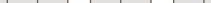




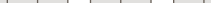




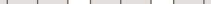




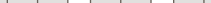




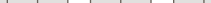




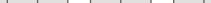




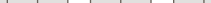


















































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Enclosed documents

By signing this document I confirm that I have provided correct data in the report.

I agree to receive all information related to the claim case (including details on my health) from the insurer either by email to the email address I have provided. I fully understand that provision of information by email is of limited security and I take all responsibility for sending the aforementioned information in the said manner. I undertake to notify the insurance company of any changes in my email address within one working day.

Date

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 Name, surname, signature of the victim (If the victim is a minor, his legal representative shall sign the report)