

Claim for indemnification of damages



Date	Claim no
Name of the person submitting the claim	Personal ID code
E-mail address	

Please, compensate the damages caused to me in the following manner:

<input type="checkbox"/> Vehicle	Number of ignition keys
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Reg. plate no/make/model

<input type="checkbox"/> Other property

Additional explanations:

Name of the person delivering the vehicle	Telephone
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Name of the spouse of an individual

Name of a member of the board of a legal entity

Name of the owner	Signature
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Bank account of the owner	
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Name of the person receiving the claim	Signature
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Date of receipt of the claim	
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