Statement



Name	Personal ID
Place of work	Position
E-mail address	Phone
LOSS	
Date and time	
Location	
Description of event	
	If necessary, continue the explanation on the other side of the page :

I am aware that knowingly submitting incorrect data to the insurer is punishable and that in the event of submitting incorrect data I am

This statement has been submitted on Signature Signature

obliged to compensate to the insurer the loss adjustment costs and the insurance indemnity.





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