Claim Notification

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| Policynummer | Claimnumber (to be completed by insurance company) |
| 622 903.400  | Klik her for at udfylde |
|  |  |
| **Policyholder** |
| Name: | CVR nr.: |
| GreenMobility A/S | 35521585 |
| Adress: | Telephone nr. |
| Landgreven 3, 4. sal | +45 70 77 88 88 |
| Post code and city: | E-mail: |
| 1300 København K. | damage@greenmobility.com |
|  |  |
| **Renter** |
| Name: | CPR nr.: |
|  | Klik her for at udfylde |
| Adress: | Telephone nr. |
| Klik her for at udfylde | Klik her for at udfylde |
| Postcode and city: |  |
| Klik her for at udfylde |  |
|  |  |
| **Driver (only if the renter did not drive the vehicle)** |
| Name: | CPR nr.: |
| Klik her for at udfylde | Klik her for at udfylde |
| Adress: | Telephone nr. |
| Klik her for at udfylde | Klik her for at udfylde |
| Postcode and city: | Driving licence No. |
| Klik her for at udfylde | Klik her for at udfylde |
|  |  |
| **The city car** |
| Registration number (No. plate) | Model |
| Klik her for at udfylde |  |
|  |  |
| **Accident date and location** |
| Time (day, month and year) and time of day (0-24): | Weather conditions |
| Klik her for at udfylde | Klik her for at udfylde |
| Place | Road conditions |
|  | Klik her for at udfylde |
| Has a police report been recorded? | Report number / police station |
| Klik her for at udfylde | Klik her for at udfylde |
| Were you alcohol tested?Klik her for at udfylde |  |

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| **Description of the damage to the City Car** |
| [ ]  Fire [ ]  Collision [ ]  Soloaccident [ ]  Vandalism [ ]  Theft [ ]  Partial Theft [ ]  Parkingdamage [ ]  no damage to the city car [ ]  Other |
| Description of the damage to the City Car |
|  |
|  |  |
| **Description of the accident** |
| Your speed km/h | Counterparty speed km/h: |
| Klik her for at udfylde | Klik her for at udfylde |
| Description of the accident |
| Who do you think is to blame and why? |
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|  |
| **Counterparty** |
| Name: | Telephone nr. |
| Klik her for at udfylde | Klik her for at udfylde |
| Adress: | E-mail |
| Klik her for at udfylde |   |
| Postcode and City: | Driver License number. |
| Klik her for at udfylde | Klik her for at udfylde |
| Registration number (no. plate) | Color and model |
| Klik her for at udfylde | Klik her for at udfylde |
| Insurance company | Policenumber |
| Klik her for at udfylde | Klik her for at udfylde |
| Do you relate to the opposing party and if so, which one? |
| Klik her for at udfylde |
| Description of the damage to the counterparty's car: |
| Klik her for at udfylde  |

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| **Injury to person** |
| Description of injury to person: |
| Klik her for at udfylde  |
| Was injured at the moment of the accident: ☐ Passenger ☐ Passenger in counterparty's car ☐ Driver of counterparty's car ☐ Cyclist ☐ Pedestrian  |
| Damage to things belonging to the injured party? If so, describe the damage: |
| Klik her for at udfylde  |
| Amount of the claim (estimate, if any): |
| Klik her for at udfylde |
|  |
| **Witnesses (not passengers in the vehicles involved)** |
| Name: | Telephone no. |
| Klik her for at udfylde | Klik her for at udfylde |
| Adress: | E-mail |
| Klik her for at udfylde | Klik her for at udfylde |
| Postcode and city: | Driver license no.: |
| Klik her for at udfylde | Klik her for at udfylde |
|  |  |
| **Driver's notes and comments** |
| Klik her for at udfylde  |

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| **Completed by GreenMobility** |
| [ ]  Telematics data included | [ ]  Photos included |
|  |  |
| [ ]  Other material included (describe which) |
| Klik her for at udfylde  |
| GreenMobility's notes and comments: |
| Klik her for at udfylde  |