|  |  |  |
| --- | --- | --- |
| ***INSURED*** | Name & Surname: |  |
| Telephone: |  |
| ***LOSS/DAMAGE*** | Lost/damaged item: |  |
| Date of loss/damage: |  |
| Time of loss/damage: |  |
| Place of loss/damage: |  |
| Police station: |  |
| Police case number: |  |
| Description: |  |
|  | |
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Documents needed:

* Damage report
* Quotation, or
* Invoice & proof of payment