

|                                                                                                                                                                         |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Claim notification</b><br><input type="checkbox"/> <b>Motor vehicle liability insurance</b><br><input type="checkbox"/> <b>Comprehensive motor vehicle insurance</b> | Your claim reference:<br><hr/> asko Ref. No.: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|

|                                                                                                                                        |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>To</b><br>asko assekuranzmakler GmbH<br>Egerbach 58a<br>AT-6334 Schwoich<br>Tel. +43 (0) 5372 / 6 24 60<br>Email: a-info@asko24.com | <b>Policyholder</b> (name, address, and email) |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|

|                           |                      |
|---------------------------|----------------------|
| Date and time of accident | Location of accident |
|---------------------------|----------------------|

|                                               |                              |
|-----------------------------------------------|------------------------------|
| <b>Vehicle "A" Own motor vehicle</b>          |                              |
| <b>Policyholder TOW TRUCK Own vehicle</b>     |                              |
| Name                                          | Official license plate       |
| Street                                        | Make                         |
| Postal code, city                             | First registration           |
| Tel                                           | Chassis no.                  |
| <b>Policyholder TRAILER Own motor vehicle</b> |                              |
| Name                                          | Official registration number |
| Street                                        | Make                         |
| Postal code, city                             | First registration           |
| Tel                                           | Chassis no.                  |
| <b>DRIVER Own vehicle</b>                     |                              |
| Name                                          | Driver's license no.         |
| Street                                        | Authorized groups            |
| Postal code, city                             | Issuing authority, date      |
| Tel                                           | Date of birth                |

|                                                        |                              |
|--------------------------------------------------------|------------------------------|
| <b>Vehicle "B" Other party involved in accident</b>    |                              |
| <b>Policyholder Motor vehicle involved in accident</b> |                              |
| Name                                                   | Official registration number |
| Street                                                 | Make                         |
| Postal code City                                       | First registration           |
| Tel                                                    | Chassis no.                  |
| <b>DRIVER Other party involved in accident</b>         |                              |
| Name                                                   | Driver's license no.         |
| Street                                                 | Authorized groups            |
| Postal code, city                                      | Issuing authority, date      |

