

CLAIM FORM UNDER GAP

Insurance No: _____

Vehicle data

Make/Model: _____ Registration number: _____

VIN
number:

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Data of the Insured

Name and surname: _____

Name of the company: _____

Address: _____

Telephone: _____

Service data:

Name: _____

Address: _____

Telephone: _____ Fax: _____

Information about claim:

Date of loss: _____ Mileage (km): _____

Malfunctions observed while vehicle work (breakdown symptoms) and their circumstances:

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Estimated cost of repair (Gross):

Place, date

Signature of the Insured

Stamp of the Service

The application form with the copy of registration document, confirmation of performing technical inspection, repair cost estimate should be provided to Damage Authorisation Center WAGAS S.A., fax: (22) 63 52 518 or e-mail: gapszkody@wagas.pl