

**CLAIM FORM UNDER SELECT AUTO**

**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) 635 25 18 or e-mail: [selectauto@wagas.pl](mailto:selectauto@wagas.pl)*