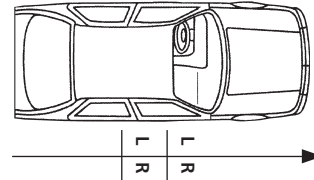


Date and time of accident: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ hour \_\_\_\_\_ minute    Scene of accident: \_\_\_\_\_ country  
 \_\_\_\_\_ city/town \_\_\_\_\_ road/street \_\_\_\_\_ street number/topographical lot number  
 outside built-up areas: \_\_\_\_\_ road \_\_\_\_\_ km

Registration number of the reported vehicle: \_\_\_\_\_    How many owners has the car had before (including the present one)? \_\_\_\_\_  
 Expiry date of registration: \_\_\_\_\_    Name of liability insurer: \_\_\_\_\_  
 Is the car insured for motor hull claims?    no     yes     With which insurer? \_\_\_\_\_

Has your vehicle been damaged before?    no     yes     Please draw a sketch showing your vehicle's current damages.  
 If yes, which part(s) was (were) damaged?  
 \_\_\_\_\_  
 When and by which insurer was the claim settled?  
 \_\_\_\_\_



Name of owner: \_\_\_\_\_    Telephone number: \_\_\_\_\_  
 Address:     \_\_\_\_\_    Mobile number: \_\_\_\_\_  
 Bank account number:                 \_\_\_\_\_  
 Name of driver: \_\_\_\_\_    Telephone number: \_\_\_\_\_  
 Address:     \_\_\_\_\_    Mobile number: \_\_\_\_\_

Limitation on proprietary rights (e.g. loan)    no     yes     For whose benefit? \_\_\_\_\_

Sketch showing scene of accident:  
 Please draw sketch showing road/street (name, street number, mile post, nearby cities), position of two vehicles after accident, wheel track, traffic lamps, traffic signs and registration numbers:

- lorry, bus
- motor car
- motorcycle
- bicycle
- give way sign
- main road
- traffic lamp
- one-way street

Speed of vehicles involved in accident:  
 A: \_\_\_\_\_ km/h  
 B: \_\_\_\_\_ km/h

Description of damage (any other information):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other vehicle and further parties to accident:

Registration number: \_\_\_\_\_ Type: \_\_\_\_\_ Colour: \_\_\_\_\_

Registration number: \_\_\_\_\_ Type: \_\_\_\_\_ Colour: \_\_\_\_\_

Did the police take any measures? no  yes  \_\_\_\_\_ Precinct

Did anyone suffer personal injury? no  yes  Number of injured: \_\_\_\_\_ person(s)

Name of person suffering personal injury: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address:  \_\_\_\_\_ Mobile number: \_\_\_\_\_

Degree of injury:  light  serious  fatal

Name of person suffering personal injury: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address:  \_\_\_\_\_ Mobile number: \_\_\_\_\_

Sérülés foka:  light  serious  fatal

Did other objects suffer damage during accident? no  yes  Description: \_\_\_\_\_

Witnesses:

Name: \_\_\_\_\_ Passenger: no  yes

Address:  \_\_\_\_\_

Name: \_\_\_\_\_ Passenger: no  yes

Address:  \_\_\_\_\_

1. Who in your opinion is liable for the accident (damage)? me / driver of my vehicle  the other party  both parties

2. Please settle the damage to my vehicle on the basis of my Motor Hull insurance policy. no  yes

3. I was under the influence of drugs, alcohol or medicine adversely affecting my driving ability. no  yes

4. I declare that pursuant to effective provisions of law, I am entitled to claim VAT back with regard to this vehicle no  yes

5. I approve that photocopies be made of my papers and licenses for the purposes of claim settlement by the Insurer.

#### 6. Declaration

I, the undersigned hereby certify that the information stated above is true and correct, and that to the best of my knowledge and belief there is/are no disqualifying cause(s) with respect to the service. I accept that any payment made based on the present claim, does not constitute an automatic acceptance of further claims by the Insurance Company, and that the Insurance Company may require the submission of further documents and data in addition to the those on the claim form. I authorise the Insurance Company to manage my personal, special and health-related data disclosed in the framework of my present claim report for the purpose of assessing the claim, and if the activity is outsourced, then to disclose these data to another business organisation, which it has a contractual relationship with, and which complies with the provisions on insurance secrets and the Data Protection Act.

By signing the present statement the client authorises the Insurance Company, for the purpose and duration described in section 5 of the Client Information Sheet:

- to handle any personal and special data of the client for the assessment of the claim only, which data were obtained via any statements made as the client of the Insurance Company or via any other legal means, to disclose such data to other business organisations or official bodies or persons in accordance with the provisions of the current Insurance Act and Data Protection Act;
- to evaluate the personal characteristics of the person concerned via automated data processing using a computer only, provided that the client has the opportunity to express his views on this issue and – should he so request – be given information on the methods used;
- and to examine any documents generated in connection with the claim with another insurance company managing a policy covering the same or a similar risk, with the police or with any other authority.

By signing the present statement the client releases from the obligation of secrecy any physicians and medical care institutions that has information on the client – or should the Insured be different, then on the Insured – obtained in the framework of examinations or treatments; furthermore, the client authorises the medical, social security and administrative institutions and other authorities (e.g. the police, courts of justice, the prosecutor's office), which have data connected to the case, to submit to AEGON Magyarország Általános Biztosító Zrt. the data necessary for assessing the claim.

\_\_\_\_\_ Date

\_\_\_\_\_ Driver

\_\_\_\_\_ Signature of owner

Where can the vehicle be inspected?

Address:  \_\_\_\_\_ Telephone number: \_\_\_\_\_

\_\_\_\_\_ Mobile number: \_\_\_\_\_