

## **Application for compensation**

Yes. Please specify.

1 of 2

1. Applicant's information Applicant's last name First name National identification number Street address Postcode Town/city Telephone Email address Bank identifier code (BIC) Bank account number (IBAN) 2. Contact person's information (if different from the applicant) Last name First name Telephone Email address 3. Event details Date Time Address where the event took place Detailed description of the event Clarification of damages incurred Justification for VTS's liability for damages Application for compensation Detailed application for compensation for damages incurred Application for compensation, total (EUR) 5. Additional information Have you claimed for damages from another source, such as home insurance or other insurance?



6. Appendices to the application			
Depending on the type of event, attach the r	necessary documentation (mark the appendices) to your application:		
Photographs and drawings of the site of the accident and the damage;  Medical reports;  Eyewitness reports and their contact details;  Clarification of other compensation, e.g. home insurance;  Appendix to slip injury;  Appendix to injury caused by falling snow;  Repair cost estimate (in the case of major damage, claims adjuster's calculation);			
		Other appendices. Please specify.	
		Please note! Attach original receipts and oth	ner documentation to your application.
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	at the aforementioned information is correct.		
Place and date			
Cianatura			
Signature			
Nama in print			
Name in print			
VTS-kodit FILLS OUT			
Decision on the application for cor	mpensation		
Decision	•		
Ву	Date		
Justification of the decision			
Justification			
Enforcement of the decision			
Enforcement			
	In .		
Ву	Date		