

GUARANTEE FUND

Claim for Compensation of Damage Caused by Uninsured Vehicle

Date of accident		Place of accident	
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Claimants:

No	Name (first, last), address and telephone number	Personal ID number	Type of damage (mark with X)	
1.			Tangible	Intangible
2.			Tangible	Intangible
3.			Tangible	Intangible
4.			Tangible	Intangible
5.			Tangible	Intangible

Damaged vehicle:

Vehicle Type and make	
License plate	
The owner of the vehicle	

Offending vehicle:

Vehicle Type and make	
License plate	
Driver	
The owner of the vehicle	

Description
of the
accident:

The attached documentation submitted (please circle):

1.	Police Accident Report (original or certified copy)
2.	Decision Passed in Criminal Proceedings / Decision Passed in Misdemeanour Proceedings (original or certified copy)
3.	Confirmation from Ministry of the Interior that an uninsured vehicle was responsible for the damage
4.	Vehicle Damage Report and Invoices / Pro-forma Invoices (original)
5.	Medical documentation (original or certified copy)
6.	Birth, Death and/or Marriage Certificates
7.	A copy of ID card for each claimant
8.	Copy of bank card for each claimant
9.	
10.	

I shall be held morally and financially liable for the correctness of information about the cause of damage and other information provided herein and I shall accept all the consequences resulting therefrom. If it is determined either by competent authorities or in any other way that I am not entitled to compensation pursuant to the Law, I herewith undertake to return the sum received by way of damages to the Association of Serbian Insurers within 30 days from the date of notification informing me that pursuant to the Law, I am not entitled to compensation.

Applicant

Date _____ 20__
