

## GUARANTEE FUND

### Claim for Compensation of Damage Caused by Unknown Vehicle

Date of accident		Place of accident	
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Claimants:

No	Name (first, last), address and telephone number	Personal ID number
1.		
2.		
3.		
4.		
5.		

Description  
of the  
accident:

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The attached documentation submitted (please circle):

1.	Police Accident Report / Daily report from Ministry of the Interior (original or certified copy)
2.	The statements of the injured party and witnesses about the circumstances under which the accident occurred
3.	Report from Basic Public Prosecutor's Office on whether the unidentified perpetrator was found
5.	Medical documentation (original or certified copy)
6.	Birth, Death and/or Marriage Certificates
7.	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

Dated \_\_\_\_\_ 20\_\_

