**Incident report**

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| **Notifier:** | **Social security number:**  |

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| --- | --- |
| **Phone number:** | **Email address:** |

|  |  |
| --- | --- |
| **Date of incident:** | **Time:** |

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| --- |
| **Where did the incident occur:** |

**Information about the claimant (registered owner of the vehicle)**

|  |  |
| --- | --- |
| **Name:**  | **Social security number:** |

|  |  |
| --- | --- |
| **Address:** | **Phone number:** |

|  |  |
| --- | --- |
| **Email address:** | **License plate of the vehicle:** |

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| **General information about the incident:*****What happened, how did the incident occur, why?*** |

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| **Description of damages:** |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |