INDEMINITY CLAIM – Art. 6, Par. 6, Presidential Decree 237/86

TO THE INSURANCE COMPANY

CARAVELA COMPANHIA DE SEGUROS S.A

I hereby request compensation for the accident that occurred on (date) ……. at (time) …… in the area of …… and on (street address) ……..

I provide the following information in summary:

CLAIMANT INFORMATION *AT-FAULT VEHICLE INFORMATION*

Full Name:

Address:

Landline Phone:

Mobile Phone:

E-MAIL:

Registration Number:

Make / Model:

Insurance Company:

The driver who struck me committed the following traffic violation:

(mark with an X on the left as applicable):

	Started from a stop / opened a door
	Exited a parking space / private area / dirt road
	Entered a parking space / private area / dirt road
	Changed lanes
	Overtook / passed another vehicle
	Made a sharp turn
	Reversed
	Entered oncoming traffic
	Made a U-turn
	Ran a red traffic light
	Failed to stop at a STOP sign
	Other: ……

The movement of the vehicles was as follows (diagram):

The points of impact between the vehicles were:

Claimant's Vehicle	At-Fault Vehicle

Witnesses present (*full name, address, landline, mobile*):

1.

2.

Persons injured:

1.

2.

At present, my vehicle is available for inspection at the following address:

ADDITIONAL REMARKS:

……

……

……

……

(Location & Date)

CLAIMANT