

## Notification of a claim from liability caused by the operation of a recreational craft or forfeiture of a charter bond

<b>Policy number</b>
<b>C550023436</b>

Please communicate with RESPECT, a.s. regarding the event.  
Email for reporting damage: [yachting.skody@respect.cz](mailto:yachting.skody@respect.cz)

INSURED			
Company name / Name and surname	VAT payer	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID / Birth No.
Address of the insured / mailing address			ZIP
Contact person	Tel./mobile		
	E-mail		

DAMAGED			
Company name / Name and surname	VAT payer	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID / Birth No.
Victim's address / mailing address			ZIP
Contact person	Tel./mobile		
	E-mail		

EVENT SPECIFICATION			
Date of event	TIME	Date of claim	
Place of the event			ZIP
Description of the event (how the damage occurred, the cause)			
Do you consider the claim for compensation to be justified (The insured will fill this in)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the damaged insured's spouse or his relatives in the direct line?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Did the damaged live in the same household as the insured at the time of the claim?	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Is the damaged party a partner of the insured or a person close to the partner?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the incident been reported to the Police, the Fire Brigade...? If yes, please provide the name, serial number, address, telephone number. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the incident someone else's fault (another participant)? If yes, please give the name, address and relationship of the culprit to the victim: <input type="checkbox"/> YES <input type="checkbox"/> NO			
we ask for the insurance company to arrange an inspection <small>(TO BE FILLED IN BY RESPECT a.s.)</small>		<input type="checkbox"/> YES <input type="checkbox"/> NO	We took our own photo documentation <small>(TO BE FILLED IN BY THE CLIENT)</small>
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DAMAGE SPECIFICATION */
(Please state here what the damage was done to, the extent of the damage, whether you feel responsible for the damage and what you consider to be your fault.)

\*/Add additional information as needed as an attachment to this form.

PAYMENT SPECIFICATIONS	
Send the payment to the victim's account/address	<input type="checkbox"/> <b>Estimation of the amount of damage</b>
Send the payment to the insured's account/address (fill in if you have reimbursed the injured party)	<input type="checkbox"/>

I solemnly declare that the information I have given on this form is true and I have not concealed anything.

In \_\_\_\_\_ on \_\_\_\_\_

Signature \_\_\_\_\_