

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

Policy number
C550023436

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

INSURED PARTY			
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		

AFFECTED PARTY			
Company name / Name and surname	VAT payer	<input type="checkbox"/> YES <input type="checkbox"/> NO	ID / Birth No.
Address of the affected party / 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, its cause)	Do you consider the claim for compensation to be justified (The insured party will fill this in) <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Is the affected party married or directly related to the insured party? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did the affected party live in the same household as the insured party at the time of the claim? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the affected party a partner of the insured party or a person close to the partner? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the incident been reported to the Police, or the Port Administration? If so, please provide a name, serial number, address and telephone number. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was the incident caused by someone else (another participant)? If so, please provide a name and address: <input type="checkbox"/> YES <input type="checkbox"/> NO			
We ask for the insurance company to arrange an inspection (TO BE FILLED IN BY RESPECT a.s.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	We took our own photo-documentation (TO BE FILLED IN BY THE CLIENT)
			<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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

PAYMENT SPECIFICATIONS	
Send the payment to the account/address of the affected party <input type="checkbox"/>	Estimate the damage costs
Send the payment to the account/address of the insured party (fill in if you have reimbursed the injured party) <input type="checkbox"/>	

I solemnly declare that the information provided above is true and complete.

In _____ on _____

.....
Signature