

Università degli Studi di Padova
Ufficio Contratti e Assicurazioni
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KASKO CLAIM FORM - DAMAGES TO THE VEHICLES USED DURING MISSION OR SERVICE PERFORMANCES

VEHICLE IN USE AT:

SURNAME.....NAME.....
TAX CODE NUMBER.....
PHONE/MOBILE NUMBER.....
EMAIL.....
(TO BE PROVIDED MANDATORY)
UNIPD STRUCTURE OF BELONGING.....
Vehicles used: during mission during service performance

VEHICLE DATA

BRAND.....MODEL.....
PLATE NUMBER.....
University vehicle: YES NO

If **YES**, indicate the Unipd facility that owns or uses the vehicle

NAME.....
UNIPD HEADQUARTER.....

If **NO**, indicate the vehicle's owner

SURNAME.....NAME.....
TAX CODE NUMBER.....PHONE/MOBILE NUMBER.....
EMAIL.....

CLAIM'S DETAILS

DATE OF THE CLAIM.....LOCATION.....
..... PROVINCE.....
DRIVER.....
LICENSE NUMBER.....ISSUED BY.....
ON.....
CATEGORY.....EXPIRY DATE.....

DETAILED DESCRIPTION OF THE CLAIM

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DETAILED DESCRIPTION VEHICLE DAMAGES

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VEHICLE AVAILABILITY FOR TECHNICAL EXPERTISE (location, address and phone number)

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Friendly accident report form: YES NO

BODYWORK WHERE THE VEHICLE WILL BE REPAIRED

NAME.....
ADDRESS.....
PHONE NUMBER.....
EMAIL.....

The Insured is obliged to keep traces and leftovers of the damage until the damage is settled without having the right to particular indemnities for this title.

Except for emergency repairs, necessary to bring the damaged vehicle to the garage or workshop, the Insured must not carry out any repairs before having directly received the Company's consent which must be received (directly to the Insured and in copy to the Insurance management office) within 7 working days of the report by the office in charge. If no consent is given by the Company within this period, the Insured is authorized to proceed with the repairs.

Attach the following documentation to the claim report:

- Copy of driver license
- Copy of tax code number
- Authorization for the use of the vehicle with details about the date and place of the move
- Copy of vehicle circulation card
- Damage photos with clearly visible vehicle license plate

- Damage estimate repair
- Copy friendly accident report form if completed with third party

Marsh Spa/Motor Claims Dept. may require further documentation, if the Insurers deem the above not exhaustive.

Location and Date

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Signature of the person who draws up the above report

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