

InsurancePolicy N° **Vehicle data**Registration number Make Model VIN No. **Policyholder's data**Name Address Phone number E-mail **Service station's data**Name Address Phone number E-mail **Claim/breakdown data**Claim/breakdown date Mileage (km)

Was assistance provided?

Yes

No

Estimated repair costs Claim/breakdown description Place and date Policy holder's legible signature Stamp of the service station, notifying about the claim/breakdown **Claims Authorization Center's contact details:**Tel.: +48 22 670 96 04
Email: szkody@wagas.plWAGAS S.A. 15 Rydygiera Street, 01-793 Warsaw, Poland
www.wagas.eu