## NOTIFICATION OF THEFT & DAMAGE



(hull + motor)

Information about the lessee:

| Company                                       |         |      |  |  |
|---|---------|------|--|--|
| Name  |         |      |  |  |
| Street  |         |      |  |  |
| Postal code                                   | City    |      |  |  |
| Phone   | CVR-no. |      |  |  |
| Contact name                                  |         | Cell |  |  |
| Delivery Note No./"Følgeseddelsnr."           |         |      |  |  |
| The extent of damages:                        |         |      |  |  |
| Describe the injury/incident (what happened?) |         |      |  |  |

What was injured?

## Any witnesses?

Where did the incident occur?

When did the incident occur?

| Information about the incident:                                       |                     |                |    | 691        |  |
|---|---------------------|----------------|----|------------|--|
| Reportet to police department   |                     |                |    |            |  |
| Contact name  |                     |                |    |            |  |
| Journal no.   |                     |                |    | Date       |  |
| Information about the offender (who is responsible for the damages?): |                     |                |    |            |  |
| Company   |                     |                |    |            |  |
| Name  |                     |                |    |            |  |
| Steet   |                     |                |    |            |  |
| Postal code   |                     | Street         |    |            |  |
| Phone   |                     | CPR/CVR-no.    |    |            |  |
| Insurance compa   | any                 |                |    | Policy no. |  |
| Car reg. no.  |                     |                |    |            |  |
| Information about the injured party (third party):                    |                     |                |    |            |  |
| Company   |                     |                |    |            |  |
| Name  |                     |                |    |            |  |
| Street  |                     |                |    |            |  |
| Postal  | code                | Street         |    |            |  |
| Phone   |                     | CPR/CVR-no.    |    |            |  |
| Insurance compa   | any                 |                |    | Policy no. |  |
| Car reg. no.  |                     |                |    |            |  |
| Is the injured tax  | k registered? (plea | ase check) yes | no | don't know |  |

