

DAMAGE REPORT

<p><u>POLICY-HOLDER</u></p> <p>Name: Surname:..... Address:..... Profession:..... Phone:.....</p>	<p><u>CONDUCTEUR</u></p> <p>Name:..... Surname:..... Address:..... Phone:.....</p>
<p><u>VEHICLE</u></p> <p>Make:..... model:..... Cassis No:..... start No.:..... Exact description of damage: Date and place where the vehicle can be inspected:</p>	
<p><u>RALLIES</u></p> <p>Gr. A: <input type="checkbox"/> Gr. N: <input type="checkbox"/></p> <p>Kind of race:..... Category:.....</p>	<p><u>CIRCUIT RACE</u></p> <p>Kind of race:..... Category:.....</p>
<p><u>ACCIDENT</u></p> <p>Date:..... Time:..... Place:..... Exact circumstances of accident:..... </p>	

**NO PAYMENT WITHOUT SUBMISSION OF REPAIR INVOICES !!!
INCLUDE CONFIRMATION OF THE OFFICIAL ORGANIZERS:**

I confirm that all information given is complete and accurate:

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Date
signature of policy-hoder