

Claimant's information:

Name	Contact information	
Bank account	Registration number	
Make and model		
Injury information		
Date and time	Location	
Parties		
Information of the vehicle at fault		
Name	Contact information	
Registration number	Make	
Model	Motor liability insurance company	
I am filing a claim for compensation as a party not at fault in a traffic accident for a period of non-use. The damaged vehicle (reg.no.) _____ has been used in professional charter transport (taxi).		
1. Did the loss inspection indicate that the vehicle is not fit for traffic use?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
2. Was gainful employment interrupted for the duration of vehicle repairs?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
No, because own substitute vehicle was used (enter registration number here)		
No, because leased substitute vehicle was used (enter registration number here)		
The amount of costs incurred by the use of the substitute or leased vehicle during the repair period		
Grounds for not having a substitute or leased vehicle		
3. I claim the regular compensation for the period of non-use. My own estimate of the loss of income EUR/day		
4. I claim compensation of EUR/day based on the actual loss, since the loss of income exceeds the amount of the standard compensation. I am attaching the income statement or equivalent information showing the vehicle's return and variable costs for the past six months, at a minimum.		
5. The claimant is a taxi entrepreneur whose vehicle's number of hours driven is a minimum of 3,600 hours per year, and a full-time driver/drivers has/have been hired for the vehicle.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
6. The entrepreneur is the primary driver of the vehicle damaged in the accident.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
7. The driver (other than the entrepreneur) was paid wages during the period of non-use although the driver had no work while being employed by this entrepreneur.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
8. The entrepreneur or the driver has been paid or is eligible to receive compensation for loss of income due to a personal injury from, for example, an accident insurance or motor liability insurance for the duration of the period of non-use.	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9. Further information; for example, why a vehicle that is basically fit for traffic use is not suitable for the taxi services provided by the entrepreneur/company.		

Date _____ Signature _____