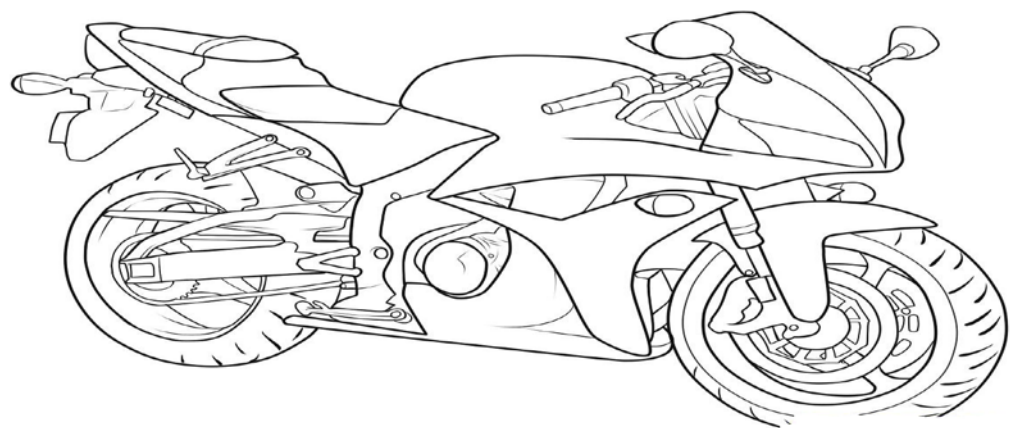


Motorcycle Bodywork Status Report

Name of plan holder:
ID number:
Plan number:
Contact number:
E-mail address:
Physical address:
IMPORTANT: Date when damage occurred:
Short description of damage and cause thereof:
Was the damage reported to the police?
If yes, please give case number:
Was the damage reported to your comprehensive insurer?
If yes, please give insurer name and contact details:
Vehicle make and model:
Vehicle registration number:
Vin number:

Please indicate the area of damage on below diagram:

<input type="checkbox"/> D	Dent
<input type="checkbox"/> S	Scratch
<input type="checkbox"/> C	Chip



Plan Holder - Signature

Date Signed