IRADSTRAKH
ИРАДСТРАХ

**Form IS-3**
Case No. _____

# NOTICE OF AN INSURANCE CASE

*Kamsyzdandyruu okuyası jönündö bildirüü · Заявление о страховом случае*

## 1. Policyholder / claimant

Surname, name, patronymic _____

Identity card No., issued _____

Address, telephone _____

## 2. Policy

Kind of insurance _____

Policy No. and date _____

## 3. The event

Date, time and place _____

What happened _____

_____

_____

_____

Body informed, report No. _____
*(Highway Patrol Corps, fire service, police, housing office)*

Other parties (name, policy No., vehicle plate) _____

_____

## 4. Payment

Talasbank card / account No., or cash at the office _____

I confirm that the information given is true. I agree to the Insurer requesting documents about the event from the bodies named above.

Date _____ Signature _____

*Received by the office: _____ date _____ officer _____. Insurance case line +996-39-2-21-73-73 (24 hours), short number 173.*