**Damage report rescue cost insurance**

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| --- |
| State organisation **SALZBURG** |

sustaining memberactive mountain rescuer

**Data of the insured person:**

|  |  |
| --- | --- |
| Surname | Date of birth |
| address | |

**Data of the person involved in the accident:**

|  |  |  |
| --- | --- | --- |
| Surname | | Date of birth |
| address | | |
| phone number | e-mail | |
| SV number | Sponsor Membership Number | |

**Do you have private accident insurance?**

|  |
| --- |
| no |
| yes, at (insurance, policy number) ……………………………………………………. |
| yes, credit card, number:  ……………………………………………………. |

**Member of an alpine club (ÖAV, Friends of Nature)? Member of an automobile club (e.g. ÖAMTC)?**

|  |  |
| --- | --- |
| Yes, at and membership number(s) | no |

**Information about the accident:**

|  |  |
| --- | --- |
| date | time |
| accident location  Official admission? By whom? | |

**Detailed description of the accident:**

Detailed descriptions of the accident, the rescue and the terrain make processing easier!

|  |
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|  |

|  |  |  |
| --- | --- | --- |
| location | date | signature |

Required documents:

* original invoice(s)
* mission report
* Proof of payment of subsidy