

Property damage claim form

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| Policy number / claims number | |
| Claim form was completed by | |

Policyholder's details

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| First name and surname, title / company or trading name of insured | |
| Address | |
| Date of birth (day/month/year) | Phone number |
| Email address | |

Insured item

- Building
 Household goods
 Business inventory
 Business interruption

Division

- Fire, lightning, explosion
 Natural event (storm, hail, snow pressure, rock fall/rock slide, landslide)
 Natural event special (flood, mudslide, avalanche)
 Mains water
 Broken glass
 Burglary

Other

Incident details

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| Date and time of the event | |
| Where did the event occur? | |
| Has the claim been officially recorded? | <input type="checkbox"/> no <input type="checkbox"/> yes |
| If yes, from whom? | Reference number: |
| Damage and / or injury details (possibly with a sketch) | |
| Who caused the damage? | |
| Estimated amount of damage in EUR | |

General questions

| | | |
|---|-----------------------------|------------------------------|
| Are the items affected by the damage insured elsewhere? | <input type="checkbox"/> no | <input type="checkbox"/> yes |
| If yes, with which company, class, policy number? | | |
| Who is the owner or administrator of the building? | | |

Affected by the damage

For additional information please use the additional field below.

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| Item (manufacturer / type) | |
| Acquisition price | Age |
| Replacement costs | |
| Damage photos available <input type="checkbox"/> | |
| Do all of the affected items belong to you? <input type="checkbox"/> no <input type="checkbox"/> yes | |
| If no, who is the owner? | |
| Where can the damaged parts be inspected? | |
| Additional field: Affected by damage | |

Burglary/Theft

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| How did the perpetrator(s) enter the insured premises? | |
| How were the premises locked up? | |
| Where the insured premises unoccupied? If yes, since when? <input type="checkbox"/> no <input type="checkbox"/> yes | |
| From which containers were things stolen (furniture, cash registers, etc.)? | |
| Were these locked? <input type="checkbox"/> no <input type="checkbox"/> yes | |

In case of bicycle theft

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| How was the bike locked? |
| Where was the bicycle? |

