

## Property damage claim form

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

### Policyholder's details

|  |              |
|--|--------------|
| First name and surname, title / company or trading name of insuree |              |
| 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

|   |  |
|---|--|
| 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.

|  |     |
|--|-----|
| 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

|   |  |
|---|--|
| 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

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

