

Claim Notification



General information

Name of policy holder _____ Id. No. _____

Home tel. _____ Mobile _____ E-mail _____

Incident information

Date of incident _____ Location of incident _____

How did the incident happen? (Give details) _____

Did the incident happen by accident? Yes No Is a specific person responsible for the incident? Yes No

Did the incident happen because of unsatisfactory working procedures or use of unauthorised equipment? Yes No

Were there any witnesses? Yes No

Names and phone numbers of witnesses _____

Were the police called to the scene? Yes No Was a report filed with the police? Yes No

Damage to third-party property

Owner of damaged property _____ Address _____

Description of damaged property _____

Description of damages _____

Were the items delivered to the policy holder for repair, storage, transport, sale, cleaning, processing or other kind of preservation/custody? Yes No

Estimated value of property _____

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Liability

Who is responsible for the incident?

Claimant Policy holder Employees of policy holder

Specify how the above parties are responsible for the damages _____

Is a third party liable for the damages to some extent? Yes No

Name _____ Address _____

Claim for damages

Have you received a claim for compensation? Yes No

From whom? _____

Claim amount _____

Justification for claim _____

Is the injured party entitled to compensation from a party other than you? Yes No

From whom? _____

All documentation that may be relevant to the loss must accompany the claim for damages.

Bank account to which payment should be made _____

Location and date

Signature