

**Please send your documents to**

HanseMerkur Reiseversicherung AG  
Abt. RLK  
Postfach  
20352 Hamburg

**Insurance no.**

**Liability damage notice**

Dear Policyholder

In order to process your case efficiently we require specific information from you. Please complete this form as accurately as possible to avoid any unnecessary queries. Thank you for your cooperation and do not hesitate to contact us if anything is unclear to you.

Data protection notice: we store your personal data for the purposes of assessing our service obligations. For further information on data protection and your rights go to <https://www.hmr.de/en/privacy/information> or please request a copy from us.

**General Information**

**Policyholder:** Is the above address not correct, please tell us your new address

Tel.-No (during the day): \_\_\_\_\_ Fax, Email: \_\_\_\_\_

**Name of Claimant (aggrieved party)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street: \_\_\_\_\_

Zip-Code/City: \_\_\_\_\_

Tel.-No. (during the day): \_\_\_\_\_ Street: \_\_\_\_\_

**When and where did the damage/accident occur?**

Date: \_\_\_\_\_ Exact time: \_\_\_\_\_

Place: \_\_\_\_\_ Street: \_\_\_\_\_





**Notes to the police admission:**

Was the damage recorded by the police?  No  Yes

Address: \_\_\_\_\_

Tel-No.: \_\_\_\_\_ File-No.: \_\_\_\_\_

Has a fee-based warning been issue?

not known  No  Yes, against \_\_\_\_\_

Have criminal or fine proceedings been initiated?

not known  No  Yes, against \_\_\_\_\_

**Witnesses (please note more witnesses on an extra sheet with name and address. Thank you!)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip-Code/City: \_\_\_\_\_

Involved as: \_\_\_\_\_

Tel-No.: \_\_\_\_\_ Involved as: \_\_\_\_\_

**Causation**

On which grounds are you or any of your family members or any person placed under your custody blamed for causing this damage?

\_\_\_\_\_

Which person caused the damage/accident? \_\_\_\_\_

Date of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

May the aggrieved party be blamed his-/herself for causing the damage? To what extent? \_\_\_\_\_

No  Yes, because \_\_\_\_\_

Have compensation claims been raised against you? (please attached documents)

Not yet  No  Yes, at: \_\_\_\_\_ through: \_\_\_\_\_

Do you approve of granting any pecuniary compensation directly to the claimant?

Yes  If so, why \_\_\_\_\_

Do you make your own claims if necessary?  No  Yes, against: \_\_\_\_\_

Have you hire a lawyer?  No  Yes, name, address, Tel.-No.

\_\_\_\_\_

**Please answer in case of material damage: including animals**

What kind of property was damaged? \_\_\_\_\_

What is the nature of the damage? \_\_\_\_\_

When and at which price was the property acquired? \_\_\_\_\_ EUR

Do you think a restoration is possible?  No  Yes  Unknown

To which amount may the damage be valued? \_\_\_\_\_ EUR

Does this valuation consider any depreciation of or prior damages to the property  No  Yes

Had the damaged property been rented,  No  Yes

borrowed,  No  Yes

taken on lease or into safekeeping by you?  No  Yes

Was it consignment goods?  No  Yes

Is the damaged property rented part of a structure/building?  No  Yes

Did the damage to this property occur by an activity (e.g. processing, repairing, transporting it etc.)?  No  Yes

Where can the damaged property be inspected?

Name / Company: \_\_\_\_\_ Tel.-No.: \_\_\_\_\_

Address: \_\_\_\_\_

**Has the damaged property been insured?**

Unknown  No  Yes, at \_\_\_\_\_

Address: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Glass  Fire  Water  Household or  other Insurance: \_\_\_\_\_

Has the damage been reported there?  No  Yes, at \_\_\_\_\_

**Please answer in case of personal injury:**

Name and address of the injured person: \_\_\_\_\_

Date of birth of the injured person: \_\_\_\_\_

What is the nature of the injury? \_\_\_\_\_

Which doctor treated the injured person? \_\_\_\_\_

Name, address and subject: \_\_\_\_\_

Was a hospital treated necessary?  No  Yes  Unknown

from \_\_\_\_\_ to \_\_\_\_\_ Address of the hospital \_\_\_\_\_

Marital status of patient  single  married  divorced  widowed?

How many children has the patient got? \_\_\_\_\_ Aged? \_\_\_\_\_

What is the approximate income of the injured party or his/her spouse? \_\_\_\_\_ EUR / Month

Is the injured party entitled to third-party compensation (health insurance, employee's industrial compensation society or similar bodies)?  No  Yes, at \_\_\_\_\_**Please do not staple or attach documents. Thank you for your help.**

I expressly confirm that I have answered all questions and information truthfully and completely. I acknowledge that incorrect and incomplete information provided consciously (deliberately) will result in the complete loss of insurance cover, even if HanseMerkur Reiseversicherung AG does not suffer any disadvantages and your insurance cover is not endangered. Please also sign the declarations on the next page.

Place, Date

Signature of insured party (party causing damage)

Signature of policyholder

**Information on the consequences of breach of duty after the insured incident has occurred  
Information under Sec. 28 para. 4 VVG**

Dear customer  
After the insured incident has occurred, we require your assistance.

**Duty to provide information and assist in clarification**

On the basis of the contractual agreement entered into, we may ask you to provide us with all information that is necessary to clarify the scope of liability (duty to provide information) and to clarify the matter fully (duty of clarification) to enable us to fully assess the claim. However, we may also request that you provide us with supporting documents, provided that such requests are reasonable.

**Loss of benefits**

If, contrary to the contractual agreements, you fail to provide us with information or give incorrect information, or wilfully fail to provide us with the supporting documents that we request, you will lose your entitlement to compensation. If breach of such obligations is based on gross negligence, we may reduce the benefits in proportion to the seriousness of the negligence. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations.

Notwithstanding a breach of your obligation to either provide information, assist in clarification, or provide supporting documents, we are still obliged to pay compensation insofar as you can prove that any violation of duty was neither the result of establishing the scope of the insured incident or the scope of our liability.

If you fraudulently breach the obligation to provide information to clarify matters or to provide supporting documents, we will in every case be released from our liability to pay the claim.

**Note:**

If a third party, and not you yourself, is entitled to the benefits under the contract, such third party must also provide information assist in clarifying matters and provide supporting documents.

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Place

Date

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Signature of policyholder and insured or legal representative

**Final statement**

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to loss of insurance cover. I have taken note of the above information in accordance with Sec. 28 para. 4 of the Insurance Contract Act (obligation after the insured incident).

In addition I assign my claims and demands against a third party causing the accident / liable party or against my statutory health insurance fund / private health insurer to the amount of the compensation paid by HanseMerkur Reiseversicherung AG to HanseMerkur Reiseversicherung AG.

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Place

Date

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Signature of policyholder and insured or legal representative