

Claim Reference No.:

AGA International S.A.
Niederlassung für Deutschland (Germany branch)
Claims Department
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Global Assistance



Claim Form for Liability Insurance

Please complete in full.

1. Personal details:

Please write your name in full.

Mr Ms _____
First name(s)

Surname(s)

Street

Street Number

Postcode / Place

Country

Telephone / Mobile

e-mail

Date of birth

2. Your bank account:

Who is entitled to receive the insurance benefit?

see 1. **or other** beneficiary: _____
First name

Surname

Name of Bank

IBAN

Swift- / BIC-Code

3. Details of the insurance:

Operator (e.g. StepIn, Mawista, TravelWorks etc.)

Insurance number (policy number, annual insurance number or credit card number)

Taking out of insurance

Commencement of journey / stay

End of journey / stay

Was there any previous insurance? No Yes

Insurance company (Name)

Policy number

Address of the insurance company

4. Personal details of the person who suffered the damage:

Please write the name in full.

Mr Ms _____
First name(s)

Surname(s)

Street

Street Number

Postcode / Place

Country

Telephone / Mobile *

e-mail * * = if available

Date of birth *

Are you and the person who suffered the damage related? No Yes

If yes, how are you related? _____

Are you living with the party who suffered the damage? No Yes

If yes, temporarily from _____ till _____

or during the entire stay? No Yes

5. Details of the damage: Please explain the events leading to the damage in as much detail and as vividly as possible and enclose - if possible - photos of the damaged item and, if appropriate, a sketch of the scene. If necessary, use an additional sheet of paper.

Please describe and name the place of damage as exactly as possible:

Date of the damage _____ Time _____

at / between _____ o'clock and _____ o'clock

How did the damage occur?

What do you see as being your fault in the occurrence of the damage?

Did the person who suffered the damage cause all or part of the damage himself/herself? No Yes

If yes, how? _____

Did a third party cause all or part of the damage? No Yes

If yes, who? Mr Ms

First name(s) _____ Surname(s) _____

Date of birth _____ Address _____

In case of damaged rented apartments / accommodations / houses: Please enclose a copy of the tenancy agreement / sub-tenancy agreement.

Did the damage only occur within the apartment / accommodation rented by you or were other apartments / accommodations also affected? No Yes

If yes, please give further details:

6. Who did you report the damage to?

 Please submit appropriate documentation (e.g. police report, confirmation that an incident has been reported to the police, fire brigade report etc.) as originals.

Police (place and address of police station, and possibly the name of contact)

Date

Time : : o'clock

Fire brigade or any other office (name, address, and possibly the name of contact)

Date

Time : : o'clock

Did anyone see the incident and / or can they testify to what happened?

No Yes

Mr Ms

First name / Surname Witness

Address

7. General information about the damage:

 Please submit the written notice of the claim, bills, receipts etc. as originals.

Have claims for damages already been filed against you?

No Yes

If yes, when?

verbally

in writing

Amount of the claims filed €

Did you acknowledge your liability for damages to the person who suffered the damage?

No Yes

Have you already made payments to the person who suffered the damage?

No Yes

Do you consent to the compensation being paid to the person(s) who suffered the damage or to a third party authorised to receive the compensation in the event of your liability for damages?

No Yes

If yes, at what amount? €

8. Details on the property damage:

What item was damaged?

Please give a brief description of the type and extent of damage:

Can the item be repaired?

No Yes

How high do you estimate the property damage?

€

What was the purchase price of the damaged item?

€

Date of purchase of the damaged item

Was the damaged item

rented

leased

borrowed

held in safe custody by you?

Please provide further details in this connection:

9. Details on personal injuries:

What injuries did the affected person suffer:

Which doctors treated the injured person at the place of accident / place of damage?

Name and address of the doctor in charge

Name and address of another doctor or specialist

Which doctor treats the injured person since the return at home? *

Name(s) and address(es)

Age of the injured person: *

Family status of the injured person: *

Health insurance of the injured person: *

▶ * = if available

10. Details of further insurances:

Is or was there any other liability insurance?

No

Yes

Insurance company (Name)

Policy number

Address of the insurance company

Did you report your damage to them?

No

Yes

11. Instructions on duty to tell the truth (Section 28 of the German Insurance Contract Act [VVG]):

The above details are true and have been given to the best of my knowledge. I have noted that intentionally false or incomplete details can result in a loss of insurance benefits. If false or incomplete details are provided through gross negligence, the insurance company can reduce the insurance benefits in proportion to the degree of fault. The insurance benefits will not be reduced if I can furnish proof that false or incomplete details were not provided through gross negligence. If I furnish proof that the intentional or grossly negligent details provided were not the cause of the determination of the insured event or the determination or the scope of the insurance company's liability for insurance benefits, the insurance company shall remain obliged to pay insurance benefits. The latter restriction shall not apply if the false or incomplete details were fraudulently provided by me. In case of fraudulently provided or incomplete details, the insurance company shall be released from its obligation to pay insurance benefits in all cases.

Place / Date

Signature (Minors require the signature of a parent or guardian)