**Please complete in full and provide supporting records and evidence of injury and treatment.**

**Since your information is intended for and is being provided to the Insurer, please note that incorrect information could endanger insurance coverage.**

|  |  |
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| **Insurer:** |  |
| **Insurance certificate no.** |  |
| SCHUNCK policy number: |  |
| Claim no. (if known) |  |

|  |  |
| --- | --- |
| **Policyholder:** |  |
| Customer number: |  |
| Contact: |  |
| Address: |  |
| Telephone/fax/email: |  |

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| This is a first notice | | | | | |
| The claim was previously reported | by telephone | in writing | by fax | by email | on |

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| Date of loss: |  |
| Time: |  |
| Discovered on: |  |

If the accident did not happen to you, the Policyholder, yourself, then the injured person should help to complete the Notice of Claim. If this is not possible, please answer the questions as well as possible yourself.

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| **Injured person:** | | | | | |
| Name | |  | | | |
| Occupation, incl. any secondary employment (please indicate precisely) | |  | | | |
| Self-employed? | | No  Yes | | | |
| Home address | |  | | | |
| Date of birth | |  | | | |
| Telephone/fax/email: | |  | | | |
| Marital status | |  | | | |
| For minors: Name, address and occupation of the legal representative: | |  | | | |
| **Information on the accident** | | | | | |
| **1. Accident location:** | |  | | | |
| **2. Accident happened at/during/while:** | | | | | |
| Kindergarten/day-care centre | School | | Home | | Leisure time |
| Regular employment | Secondary employment | | Voluntary activities | | Contract employment |
| Civil servant | Alternative civilian service | |  | |  |
| Attendance at an event: please indicate which: | | | | | |
| Other: | | | | | |
| **3. During what activity did the accident occur?** | |  | | | |
| **4. Which company/institution was the activity for:** | |  | | | |
| **5. Did the accident occur on a direct route to or from the activity or event?** | | No  Yes | | | |
| **6.** | | | | | |
| a) To which institution for statutory accident insurance and prevention or other statutory accident insurance fund does the injured person belong? | |  | | | |
| b) Was the accident reported there? | | No  Yes; to (please provide name/address): | | | |
| **7. With which health insurance fund (statutory or private) is the injured person insured (name, address)?** | | Insurance company and number: | | | |
| **8. Type of injury/ body parts injured?** | |  | | | |
| **9. Is there a possibility of permanent impairment?** | | No  Yes (please describe): | | | |
| **Important notice:**  **Any permanent impairment must occur within one year of the accident, must be diagnosed by a doctor and also reported to the Insurer or us within a further three months. The claims lapse if the deadlines are not satisfied. Please note the performance requirements/deadlines in the insurance policy and General Accident Insurance Terms and Special Terms.** | | | | | |
| **10. Did the injured person die? When?** **Important notice:** **The Insurer must be informed within a period of 48 hours in the case of accidental death.** | | No  Yes: | | | |
| **11. Describe the course of events and cause of the accident** (the description must clearly present the course of events leading to the accident; use a separate sheet of paper, if necessary) | |  | | | |
| **12. Witnesses** | | | | | |
| a) Which people were present/witnesses at the accident? | |  | | | |
| b) Did the police make a record of the accident? (please provide file reference and address of the police station) | | No  Yes, on:  File ref.: | | | |
| c) Did the injured person take alcohol, medication or drugs within a period of 24 hours before the accident? | | No  Yes, the following: | | | |
| d) Was a blood sample taken? | | No  Yes, results:      ‰ | | | |
| e) Was the accident attributable to a preceding occurrence of impaired consciousness (e.g. fainting, dizziness)? | | No  Yes, as a result of: | | | |
| **13. The following questions are to be answered only in the case of damage involving a motor vehicle** | | | | | |
| a) Was the insured person the driver of a vehicle? | | No  Yes, class of driving licence | | | |
| b) If "No": Who was the driver of the motor vehicle that was involved in the accident? | |  | | | |
| c) Did the driver have the required driving licence? | | No  Yes | | | |
| d) Please indicate vehicle type, vehicle identification number and registration number | |  | | | |
| **14. Doctor involvement** | | | | | |
| a) When was a doctor first consulted because of the accident? | | Out-patient: Date       Time  In-patient from       to | | | |
| b) Name and address of the first treating doctor or hospital? | |  | | | |
| c) What instructions did he or she give? | |  | | | |
| d) Which other doctors or hospitals with specialist departments were also used due to the consequences of the accident (name, address, telephone number)? | |  | | | |
| e) Who is the treating doctor now? | |  | | | |
| f) Has medical treatment been completed? | | No  Yes | | | |
| **15. Does the insurance cover a daily hospital allowance?** If "Yes", please include a doctor's certificate with a short diagnosis on the length of in-patient treatment. | | No  Yes:  Included  To follow | | | |
| **16. Occupation:** | | | | | |
| a) Is the injured person fully able to work again? | | No  Yes, since | | | |
| b) What part of his or her occupation can the person now perform again? | |  | | | |
| c) In the view of the current treating doctor, how much longer will it be before the person is healed? | |  | | | |
| **17. Pre-existing illnesses/ previous accidents** | | | | | |
| a) Has the injured person had another accident previously? If yes, when and what kind? | | No  Yes | | | |
| b) If "Yes": is the person entitled to a pension as a result? | | No  Yes, from (party): | | | |
| c) Did the injured person have a pre-existing illness, injury, disability or permanent impairment at the time of the accident? | | No  Yes: | | | |
| From what cause and to what degree (%)? | |  | | | |
| **18.** | | | | | |
| a) Has the injured person received disability compensation before? | | No  Yes, on       file ref.:  from (party): | | | |
| b) Does the injured person receive an accident pension? | | No  Yes, on       file ref.:  from (party): | | | |
| c) Does the injured person have other private accident insurance coverage? If yes, with which company (name, address)? | | No  Yes, policy no.  with | | | |
| **19. The insurance payment should be made to:** | | Banking information (please always provide): | | | |
| Account holder: | |  | |
| IBAN: | |  | |
| BIC: | |  | |
| Financial institution: | |  | |

**We store required data in compliance with the German Federal Data Protection Act (*Bundesdatenschutzgesetz*)**

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| **Important notice** |
| **As a rule, claims cannot be acknowledged or compensation paid without the Insurer's consent.**  **All documents received for this matter must be forwarded immediately to Schunck or the Insurer. This applies, in particular, to legal actions, court payment orders, requests for legal aid; objections must be filed against court payment orders in a timely fashion if the Insurer does not give other instructions.**  **All information provided on the claims report must be true.**  **Policyholders can lose their insurance cover if they provide false or incomplete information. Policyholders can also lose their insurance cover if they wilfully (i.e. knowingly and intentionally) provide false or incomplete information, even if this has no consequences for assessment of damages or the Insurer suffers no detriment as a result. The Insurer is authorised to inspect documents held by the authorities concerning the loss. The claims data will be stored electronically and provided by the Insurer to co-insurers, reinsurers and professional associations when necessary. The addresses of parties receiving the data will be provided upon request.** |

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| **Important information** |
| **Since your information is also intended for and being submitted to the Insurer, please note the following:**  **Notification in accordance with section 28 (4) of the German Insurance Contract Act (VVG) concerning the consequences of non-observance of obligations following the insured event**  **Obligations to provide information and clarification**  Under the contractual agreements between the Policyholder and the Insurer, after an insured event has occurred the Insurer can demand that the Policyholder provide all of the information required for assessment of the insured event or determining the extent of the Insurer's obligation to provide payment (obligation to provide information) and that the Policyholder enable the Insurer to properly assess its obligation to provide payment by providing it with all information useful for clarifying the circumstances (obligation to provide clarification). The Insurer can also make reasonable demands for the Policyholder to provide it with supporting records.  **Release from obligation to provide payment**  If, contrary to the contractual agreement, the Policyholder wilfully fails to provide information, provides untruthful information, or delays providing information, or wilfully fails to provide the Insurer with requested supporting records, or delays providing such supporting records, the Policyholder loses his or her claim to insurance payments. If the Policyholder fails to observe these obligations as a result of gross negligence, although the Policyholder does not lose his or her full claim, the Insurer can reduce its payments in relation to the severity of the negligence attributable to the Policyholder and can fully eliminate the payments in especially grievous cases of negligence (reduction to zero). A reduction is not made if the Policyholder proves that the failure to observe the obligations was not the result of gross negligence.  In spite of non-observance of the obligations to provide information, clarification and supporting records, the Insurer continues to be obligated to provide payment if the Policyholder proves that the wilful or grossly negligent failure to observe these obligations did not have an effect on the assessment of the insured event or the assessment or extent of the Insurer's obligation to provide insurance payments.  If the Policyholder maliciously fails to observe the obligations to provide information, clarification or supporting records, the Insurer shall in all cases be released from its obligation to provide payment.  If a third party has the right to receive insurance payments instead of the Policyholder, this third party is also obligated to provide information, clarification and supporting records.  The Insurer is authorised to inspect documents held by the authorities concerning the loss. The claims data will be stored electronically and provided by the Insurer to co-insurers, reinsurers and professional associations when necessary. The addresses of parties receiving the data will be provided upon request. |
| By using this form, the user consents to the collection and processing of personal data in accordance with our privacy policy (www.schunck.de/Datenschutz.aspx) and confirms the knowledge and consent of third parties affected. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place |  | Date |  | Signature of the Policyholder/ or legal representative |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place |  | Date |  | Signature of the injured person/ or legal representative |

**Declaration of consent and release from confidentiality**

**Note: Your cooperation is voluntary. If, however, you provide no information, or false or incomplete information, this could have a negative effect on claims processing.**

|  |  |
| --- | --- |
| Date of loss: |  |
| Injured person: |  |
| Address: |  |
| Date of birth: |  |
| Insurer: |  |
| Claim number: |  |

**1. Collection of medical data for processing insured events**

In order to evaluate the obligation to provide insurance payments for your insured event, it may be necessary for the Insurer, and us as Broker, to examine and share information on your health that you have used to justify claims or that is included in documents (e.g. invoices, prescriptions, reports) or communications that were submitted, e.g. from a doctor or other medical practitioner. Such examination or disclosure will only take place if necessary. The Insurer, and us as Broker, require your consent for this, including a release from confidentiality for yourself and for these parties in the event that medical data or other information protected under section 203 of the German Criminal Code (*Strafgesetzbuch* – StGB) must be shared during these enquiries.

You may provide this declaration now below (Option I) or later on a case-by-case basis (Option II).

You may change your decision at any time.

**Please choose one of the two options below:**

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| **Option I:**  I hereby give my consent for the Insurer and the Broker to collect my medical data – to the extent necessary for examination of this specific insured event – from doctors, nursing staff, hospitals, other medical facilities, old-age homes, other personal insurance providers, statutory health insurance funds, institutions for statutory accident insurance and prevention (*Berufsgenossenschaften*) and public authorities and use this data for these purposes.  I hereby release the persons and institutions indicated and employees of the institutions indicated from their duty of confidentiality for the purpose of providing my personal medical data that has been permissibly stored from examinations, consultations and treatments, as well as insurance applications and policies to the Insurer and/or Broker. I also consent to my medical data being disclosed – to the extent necessary – to these parties in this regard by the Insurer and/or Broker and also release the persons working for the Insurer and/or Broker from their duty of confidentiality in this regard.  I will be informed in advance each time that data is to be collected in accordance with the paragraphs above about who the data will be collected from and for what purpose. I will also be notified that I can revoke this declaration in full or in part for the future at any time.  My treatment data and findings may not be provided, processed, used or shared for purposes other than examination of the specific insured event indicated above. |

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| **Option II:**  I would like the Insurer and/or Broker to inform me on a case-by-case basis about which persons or institutions information is needed from and for which purpose.  I will then decide whether  I consent to the collection and use of my medical data by the Insurer/Broker, release the indicated persons or institutions and their employees from their duty of confidentiality and consent to the provision of my medical data to the Insurer/Broker  or I will provide the documents required myself.  I am aware that this could delay processing of requests for insurance payments. |

**Did you check a box to choose one of the two Options?**

**2. Disclosure of data for examination by a medical expert**

It may be necessary to engage medical experts in order to examine the specific obligation to provide insurance payments. The Insurer and Broker require your consent and release from confidentiality if your medical data and other data protected under section 203 StGB are provided for this purpose. You will be informed each time that data is provided.

I hereby consent to the Insurer and/or Broker providing my medical data to medical experts to the extent that this is necessary for examining the obligation to provide insurance payments and my medical data are used for this purpose and the results provided back the Insurer and/or Broker. I hereby release the persons working for the Insurer and/or Broker and the experts from their duty of confidentiality with respect to my medical data and other data protected under section 203 StGB.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place |  | Date |  | Signature of the Policyholder/ or legal representative |

In addition, if the injured person is still a minor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Place |  | Date |  | Signature of the minor |