**Please complete in full and provide supporting records.**

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

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Cause of loss:** | | | | | | | | | | | | | | |
| 1. When did the loss occur? | | Date: |  | | | | | | Time: | |  | | | |
| 1. Place (precise location) | |  | | | | | | | | | | | | |
| 1. Discovered on: | |  | | | | | | | | | | | | |
| 1. Expected amount of loss: | |  | | | | | | | | | | | | |
| 1. Did the loss occur while you were carrying out instructions given to you/during a contract you accepted? | | No | Yes | |  | | | | | | | | | |
| 1. Describe the cause of the loss (the description must clearly present the course of events leading to the loss; use a separate sheet of paper if necessary) | |  | | | | | | | | | | | | |
| 1. Which person(s) can provide information on the cause of the loss, etc. (name, address)? | | Name: | | |  | | | | | | | | | |
| Address: | | |  | | | | | | | | | |
| Occupation: | | |  | | | | | | | | | |
| Date of birth: | | |  | | | | | | | | | |
| 1. Did the police make a record of the loss? (Please provide the reference number and address of the police station) | | No | Yes | |  | | | | | | | | | |
| 1. Did the police issue anyone a warning or are police investigating? | | No | Yes | |  | | | | | | | | | |
| k) The insurance payment should be paid to: Banking information (please always provide): | | Account holder: | | |  | | | | | | | | | |
| IBAN: | | |  | | | | | | | | | |
| BIC: | | |  | | | | | | | | | |
| Financial institution: | | |  | | | | | | | | | |
| **2. Person who caused the loss** | | | | | | | | | | | | | | |
| a) Who caused the loss? | | | | | | | | | | | | | | |
| Own employee | Visitor/guest | | | Business partner/business partner employee | | | | | | | | | | |
| Customer | Unknown | | | Sub-contractor/sub-contractor employee | | | | | | | | | | |
| Child | Spouse/life partner | | | Other person: | | | | | | | | | | |
| Animal: | Machine: | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | |
| Occupation: | |  | | | | | | | | | | | | |
| Date of birth: | |  | | | | | | | | | | | | |
| b) Is the person who caused the loss related to you? | | No  Yes: | | | | | | | | | | | | |
| c) Do you live in the same household? | | No  Yes | | | | | | | | | | | | |
| d) Is the person who caused the loss covered by separate personal liability insurance (e.g. via the parents)? | | No  Yes, with: | | | | insurer: | | | | | | | | |
| policy no. | | | | | | | | |
| e) Did the person who caused the loss have no or limited capacity for criminal responsibility at the time of the loss? For minors, please provide the name, address and occupation of the legal representative: | | No  Yes | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| f) Could the person who caused the loss have prevented it from happening? | | No:  Yes:  Reason: | | | | | | | | | | | | |
| g) Was a duty of supervision violated? | | No:  Yes:  Reason: | | | | | | | | | | | | |
| h) Who was the supervisor? | | Name: | |  | | | | | | | | | | |
| Address: | |  | | | | | | | | | | |
| Occupation: | |  | | | | | | | | | | |
| Date of birth: | |  | | | | | | | | | | |
| i) Is anyone else partially responsible? | | No:  Yes | | | | | | | | | | | | |
| Reason: | | | | | | | | | | | | |
| **3. Damage to third-party property/real estate** | | | | | | | | | | | | | | |
| a) Name and address of the injured party: | |  | | | | | | | | | | | | |
| b) Is the injured party related to you? | | No  Yes: | | | | | | | | | | | | |
| c) Do you live in the same household? | | No  Yes | | | | | | | | | | | | |
| d) What **items** were damaged?  List of damages: (please list and provide supporting records and photographs): | |  | | | | | | | | | | | | |
| aa) | | Description: | | | | | | | | | | | | |
| Price at the time: | | | | | | | Purchase date: | | | | | |
| Receipt is enclosed:  No  Yes | | | | | | | | | | | | |
| Estimated repair costs: | | | | | | | | | | | | |
| Total loss (please include supporting records):  No  Yes | | | | | | | | | | | | |
| Information on ownership/use of the item: | | | | | | | | | | | | |
| Rented | | | | | Borrowed | | | | | Leased | | |
| For safekeeping | | | | | For work to be done | | | | |  | | |
| Short-term transfer for use? Time period: | | | | | | | | | | | | |
| By: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| bb) | | Description: | | | | | | | | | | | | |
| Price at the time: | | | | | | | Purchase date: | | | | | |
| Receipt is included:  No  Yes | | | | | | | | | | | | |
| Estimated repair costs: | | | | | | | | | | | | |
| Total loss (please include supporting records):  No  Yes | | | | | | | | | | | | |
| Information on ownership/use of the item: | | | | | | | | | | | | |
| Rented | | | | | Borrowed | | | | | Leased | | |
| For safekeeping | | | | | For work to be done | | | | |  | | |
| Short-term transfer for use? Time period: | | | | | | | | | | | | |
| By: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| cc) | | Description: | | | | | | | | | | | | |
| Price at the time: | | | | | | | Purchase date: | | | | | |
| Receipt is enclosed:  No  Yes | | | | | | | | | | | | |
| Estimated repair costs: | | | | | | | | | | | | |
| Total loss (please include supporting records):  No  Yes | | | | | | | | | | | | |
| Information on ownership/use of the item: | | | | | | | | | | | | |
| Rented | | | | | Borrowed | | | | | Leased | | |
| For safekeeping | | | | | For work to be done | | | | |  | | |
| Short-term transfer for use? Time period: | | | | | | | | | | | | |
| By: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| dd) | | Description: | | | | | | | | | | | | |
| Price at the time: | | | | | | | Purchase date: | | | | | |
| Receipt is enclosed:  No  Yes | | | | | | | | | | | | |
| Estimated repair costs: | | | | | | | | | | | | |
| Total loss (please include supporting records):  No  Yes | | | | | | | | | | | | |
| Information on ownership/use of the item: | | | | | | | | | | | | |
| Rented | | | | | Borrowed | | | | | Leased | | |
| For safekeeping | | | | | For work to be done | | | | |  | | |
| Short-term transfer for use? Time period: | | | | | | | | | | | | |
| By: | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | |
| e) Motor vehicle damage: | | Vehicle type/manufacturer: | | | | | |  | | | | | | |
| Model name: | | | | | |  | | | | | | |
| Registration number: | | | | | |  | | | | | | |
| f) Damage to third-party real estate | | Type/use of the property: | | | | | | Private | | Detached house | | | Block of flats/house other than a detached house | |
|  | | | | | | Commercial property: | | | | | | |
|  | | | | | | Rented | | Leased | | | |  |
| g) Can the property be inspected? Where? | | No, reason: | | | | | | | | | | | | |
| Yes: indicate location: | | | | | | | | | | | | |
| **4. Bodily injury or death** | | | | | | | | | | | | | | |
| a) Information on the injured/deceased person: | | Name: | | | |  | | | | | | | | |
| Occupation: | | | |  | | | | | | | | |
| Self-employed? | | | | No:  Yes | | | | | | | | |
| Home address: | | | |  | | | | | | | | |
| Date of birth: | | | |  | | | | | | | | |
| Marital status: | | | |  | | | | | | | | |
| Telephone/fax/email: | | | |  | | | | | | | | |
| b) What injuries occurred/type of injuries? | |  | | | | | | | | | | | | |
| c) Possible permanent impairment? | | No  Yes (please describe): | | | | | | | | | | | | |
| d) Is the injured person related to you? | | No  Yes: | | | | | | | | | | | | |
| e) Do you live in the same household? | | No  Yes | | | | | | | | | | | | |
| f) Is the injured person employed by you? | | No  Yes: | | | | | | | | | | | | |
| g) At the time of the injury/death, did the injured person have a pre-existing illness, injury, | | No  Yes, | | | | | | | | | | | | |
| disability, nursing care level (*Pflegestufe*), or permanent impairment? | |  | | | | | | | | | | | | |
| From what cause and to what degree (%)? | |  | | | | | | | | | | | | |
| h) Was a doctor consulted? (Please indicate name, address and, if possible, diagnosis) | | No  Yes: | | | | | | | | | | | | |
| i) Which company/institution was the work for: | |  | | | | | | | | | | | | |
| j) Did the accident occur on a direct route to or from work/the activity or the event? | | No  Yes | | | | | | | | | | | | |
| k) To which institution for statutory accident insurance and prevention (*Berufsgenossenschaft*) or other statutory accident insurance fund does the injured person belong? | |  | | | | | | | | | | | | |
| Was the accident reported there? | | No  Yes | | | | | | | | | | | | |
| l) With which health insurance fund (statutory or private) is the injured person insured (name, address)? | | Insurance company and number: | | | | | | | | | | | | |
| m) The following questions are to be answered only in the case of damage involving a motor vehicle: | | | | | | | | | | | | | | |
| Was the insured person the driver of a vehicle? | | No  Yes, class of driving licence | | | | | | | | | | | | |
| If "No": who was the driver of the motor vehicle that was involved in the accident? | |  | | | | | | | | | | | | |
| Did the driver have the required driving licence? | | No  Yes | | | | | | | | | | | | |
| Please indicate vehicle type, vehicle identification number and registration number | |  | | | | | | | | | | | | |
| Other: | |  | | | | | | | | | | | | |
| Has anyone filed claims against you? | | No  Yes, address: | | | | | | | | | | | | |
| Are you also asserting claims? | | No  Yes, address: | | | | | | | | | | | | |
| Have you already engaged a lawyer? | | No  Yes, address: | | | | | | | | | | | | |

We store the necessary 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.**  **In your own interests, please keep your damaged property.**  **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.

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