

Claim form – Personal effects insurance

Name of the policyholder	Insurance policy number
Address of the policyholder	
Name of the insured	

Who is to receive compensation in the event of liability for damages?

Name of the bank account holder
IBAN <input type="text"/>
BIC <input type="text"/>

When and where did the damage happen?

Date	Time	City/Street
The damage happened <input type="checkbox"/> during the outward journey <input type="checkbox"/> during the stay <input type="checkbox"/> during the return		
Where were the damaged items at the time of damage?		

How did the damage happen? (Please describe in detail)

Were there witnesses?

<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the witnesses' names and addresses

Was the damage recorded by the police?

<input type="checkbox"/> Yes, police report is attached
<input type="checkbox"/> No, a police report was not possible due to the following reasons (Note: a missing police report might lead to reduction or denial of reimbursement.)

**List of lost or damaged items**

	Item	Bought from which company?	Purchase price in €	Date of purchase	Purchase receipt attached?
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
11					<input type="checkbox"/> Yes <input type="checkbox"/> No
12					<input type="checkbox"/> Yes <input type="checkbox"/> No
13					<input type="checkbox"/> Yes <input type="checkbox"/> No
14					<input type="checkbox"/> Yes <input type="checkbox"/> No
15					<input type="checkbox"/> Yes <input type="checkbox"/> No
16					<input type="checkbox"/> Yes <input type="checkbox"/> No
17					<input type="checkbox"/> Yes <input type="checkbox"/> No
18					<input type="checkbox"/> Yes <input type="checkbox"/> No
19					<input type="checkbox"/> Yes <input type="checkbox"/> No
20					<input type="checkbox"/> Yes <input type="checkbox"/> No
21					<input type="checkbox"/> Yes <input type="checkbox"/> No
22					<input type="checkbox"/> Yes <input type="checkbox"/> No

Important note/Signature

The policyholder and the insured are required to provide true, accurate and complete information on the data requested. The insurance company is released from its obligation to perform if the policyholder or the insured intentionally or with gross negligence provides incomplete or incorrect information or commits fraudulent misrepresentation. In case of intentionally incorrect information, this legal consequence also ensues if it neither affects the assessment nor the scope of benefits incumbent on the insurer. If you act with gross negligence when violating an obligation, we are entitled to reduce our payment proportional to the severity of your fault.

Place, date	Signature of the policyholder
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