DR-WALTER

Notice of claim – Liability insurance

Policy holder	Policy number
Insured person	

When and where did the event of damage take place?

Date	Time	Place

Who caused the damage?

Name
Address

On what grounds is the responsible party accused of having caused the damage?

Who is the injured party / claimant?

Name
Address

How did the damage take place? (please state details of the event)

Are there any witnesses to the event of damage? (name, profession, address)

Was the incident registered by the police?

☐ Yes	☐ No	Police station	Reference number

Have any administrative fine / criminal proceedings been initiated against you, a family member or an employee?

☐ Yes	☐ No	If yes, against whom?
Which measures were taken?		

Did the injured party cause the damage in whole or in part himself / herself?

☐ Yes	☐ No	If yes, by doing what?

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Is another person also responsible?

☐ Yes ☐ No | If yes, who? | Why?

Is the injured party a member of your family or are you related to the injured party?

☐ Yes ☐ No | If yes, how are your related to each other?

Does the injured party live in cohabitation with the responsible party?

☐ Yes ☐ No

Is there any employment, payment or other contractual relation between responsible and injured party?

☐ Yes ☐ No | If yes, what was the responsible party's occupation?

Have any claims for compensation been made?

☐ Yes ☐ No | If yes, date

☐ orally ☐ in writing | Amount in €

What reasons were given for the claims for compensation?

If existent, please attach any written document (estimate of cost, repair invoice, etc.).

Who receives the compensation in case of a liability for damages?

Account holder (first name, family name)

Bank Account Number | BIC / SWIFT (Bank Code)

Please complete in case of property damage:

Which property was damaged?

Type and amount of damage?

When was the damaged property purchased and what was the purchase price?

Where is the damaged property?

Who is the owner/holder of the damaged property?

Is the damaged property covered by insurance? (fire insurance, glass insurance, water damage insurance, comprehensive insurance, etc.) ☐ Yes ☐ No

In case of bodily injuries:

Type of injuries?

Marital status of the injured person?

Where is the injured person employed?

Important information/Signature

The policyholder and the insured person are obliged to make a true and comprehensive statement. The company is exempt from the requirement to pay, if the policyholder or the insured person acted intentionally or grossly negligent in making incomplete or false statements or fraudulent misrepresentation. In case of false statements that were given intentionally, this legal consequence is also followed if it neither affects the stipulation or the amount of the benefits that are incumbent on the insurer. In case of a violation caused by gross negligence, the insurer is entitled to reduce the benefits in relation to the seriousness of the fault.

Place, date | Signature of the policyholder