

Notification of claim: property damage caused by a third party

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Claim no. (to be completed by Allianz Global Assistance)

1. Details of the owner

Surname	First name	
Street/No.	Postcode/town	
Telephone no. (Private)	Telephone no. (Business)/ Mobile	
E-Mail	Date of birth	Profession

2. Details of tenant

Surname	First name	
Street/No.	Postcode/town	
Telephone no. (Private)	Telephone no. (Business)/ Mobile	
E-Mail	Date of birth	Profession

3. Details of the damage

Location of the holiday apartment/ house			
Nature of the damage	<input type="checkbox"/> Water damage	<input type="checkbox"/> Fire damage	<input type="checkbox"/> Broken glass
	<input type="checkbox"/> other damage		
Damaged objects	Purchased from	Replacement value in CHF / EURO	Repair costs in CHF / EURO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

How did the accident occur?

Has a police report been obtained?

Yes

No

Police department

Name of the police officer

Date of notification to the police

4. Insurance policies

Is there another insurance covering this incident?

Yes

No

If yes, which company?

Policy number

5. Details of bank account

Account no.

IBAN no.

Name of the bank

Postcode/ town

Account holder (Name, Address)

6. Enclosures

Please include the following documents with this notification form:

Proof of Insurance

Original receipts/invoices for the insured, additional costs

7. Declaration

I herewith confirm that the information I have given is complete and the truth. I understand that I will lose any entitlement to the insurance benefits if the information I have given is incomplete, not true or contradictory, even if the insurance company is not disadvantaged in any way. I declare that Allianz Global Assistance may obtain information from other Insurers and authorities (Police, Courts, etc.) and release them from the legal or contractual obligation to maintain confidentiality. I assign any potential claims vis-à-vis third parties (liable parties, voluntary or obligatory Insurers) up to the amount of the paid out insurance benefits to Allianz Global Assistance.

Place, date

Signature of the insured person