

Name and Address of Customer

Please complete the form and send it back to

HanseMerkur Reiseversicherung AG
Abt. RLK
Postfach
20352 Hamburg, Germany

Questionnaire for Claimant concerning Travel Liability Insurance (Haft)

Insurance no / claim no: _____

Dear Claimant

We would like to ask you to answer the following questions. The aggrieved party is obliged to provide appropriate and comprehensive information in order to avoid legal disadvantages. We ask for your understanding for the fact that we can only take a stand on the damage claims once the completed and signed questionnaire has been returned to us and we have made the required determinations.

Data protection notice: we store your personal data for the purposes of assessing our service obligations. For further information on data protection and your rights go to <https://www.hmr.de/en/privacy/information> or please request a copy from us.

I. General Information:

Name of Applicant: _____

Address: _____

Occupation: _____

Tel. No., E-Mail: _____

Name of insured party and/or name of the person causing the damage: _____

Address: _____

Tel.-No.: _____

If vehicle involved: Licence plate: _____

II: Information concerning the damage:

When and where did the damaging event take place?

Date: _____

Exact time: _____

Town/Street: _____

Exact description of the damage event and its circumstances with drawing:
(If space is insufficient, please use a separate sheet.)

Drawing:

Why do you believe our assured party to be responsible?

What are the names and addresses of the witnesses?

Name:

Address:

What additional evidence can you furnish?

Which police station has recorded the event?

(precise address of the recording station and file/incident number)

Against whom have criminal proceedings been instigated? (provide name of penal authority and file/case number)

III. Please answer in the case of personal injury:

Name, Address of Injured Party:

D.O.B. of Injured Party:

Type and extent of injury:

If vehicle involved: Safety belt worn? ☐ No ☐ Yes

Which doctors have undertaken the treatment? (Name/Address)

Do you agree to the doctors furnishing us with information? ☐ No ☐ Yes

Period of treatment: From to

Hospital stay: From to

Hospital: From to

Sick leave: From to

daily sickness allowance/industrial injury allowance (please enclose confirmation) _____ EUR
daily sickness benefits from employer (please enclose confirmation) _____ EUR
What is the name of your health insurance? _____

Where were you employed prior to the accident? _____
What was your net income? _____ EUR
Did the accident happen on the way to work/place of training? ☐ No ☐ Yes
Which Employers' Liability Insurance Association has the accident been reported to? _____

IV. Release from Non-Disclosure Obligation:

HanseMerkur Reiseversicherung AG has informed me that, for the purposes of assessing the damage claim asserted by me, it deems necessary the verification of the information that I have provided as the grounds of my claim. For these purposes, I voluntarily hereby release from non-disclosure obligation any and all doctors, dentists and members of other the healing professions as well as employees of hospitals and authorities who were involved in the therapy, namely also after my death.

Signature

V. Please answer in the case of material damage:

Type and scope of the damage:

Where can the damaged object be inspected?

(For vehicles, please provide precise address of repair shop and its telephone number! Because of possible inspection: do not destroy the damaged object!)

What will be the amount of the repair costs? (Cost estimate/repair invoice: please add original.)

_____ EUR

When, where and at what cost was the damaged object purchases? (Please provide original invoices.)

Date of purchase: _____ Place: _____

Price: _____ EUR

Who is the owner of the damaged object? _____

Is he owner entitled to reclaim pre-tax (VAT)?

☐ No ☐ Yes

At which insurance company was there a glass breakage, fire damage, water damage or household insurance at the time of the loss event?

Company: _____

Branch: _____

Has the loss been reported there?

☐ No ☐ Yes

Type of insurance: _____

Insurance No.: _____

VI. For vehicles, please answer in addition:

Licence plate number	Year built	Model	HP/Cylinder capacity	How many previous owners	Mileage
At the time of the accident, what was the name of the company where there was a					
a) Liability insurance?					
Company: _____					
Ins.policy no.: _____					
b) Partial coverage insurance					
(only against fire damage, theft and glass breakage)					
<input type="checkbox"/> Partial coverage with _____ EUR deductible					
or					
Comprehensive insurance?					
(Please indicate amount of deductible)					
<input type="checkbox"/> Comprehensive with _____ EUR deductible					
Company: _____					
Ins.policy no.: _____					
c) Breakdown/recovery insurance					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Company: _____					
Ins.policy no.: _____					
d) To which insurance company has the damage been reported?					
Company: _____					
Ins.policy no.: _____					
Has your vehicle already been inspected by an expert?					
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Name/Address: _____					
Based on previous accidents, has your vehicle already been					
a) damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes, on _____					
b) repaired? <input type="checkbox"/> No <input type="checkbox"/> Yes, on _____					
c) Which parts? _____					

Please add the originals of invoices and other receipts!

VII. Complete bank connection where possible reimbursement payments are to be made, incl. Account holder, account number, routing number, IBAN and BIC for international accounts
(if need be, see account statement)

I have provided the information above to the best of my knowledge and conscience!

Place Date Signature

VIII. Please send us – under reservation of liability and coverage verification – the following documents/ items so that we can process the damage claim for you:

The purchase invoiced for the damaged object Original only ☒

A cost estimate Original only ☐

The damages object ☐

Please keep the damaged object ready for inspection ☐

The repair cost invoice Original only ☐

☐

Should the repair costs exceed _____ EUR, please inform us at once so that an expert report can be ordered

☐

Please do not staple or clip the documents to be submitted!