

**Name and Address of Customer**

*Please complete the form and send it back to*

HanseMerkur Reiseversicherung AG  
Abt. RLK-Leistung  
Siegfried-Wedells-Platz 1  
20354 Hamburg, Germany

**Questionnaire for Claimant  
concerning Travel Liability Insurance**

**for Insurance Policy 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.

**I. General Information:**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

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?

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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) \_\_\_\_\_

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

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**III. Please answer in the case of personal injury:**

Name, Address of Injured Party: \_\_\_\_\_

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D.O.B. of Injured Party: \_\_\_\_\_

Type and extent of injury: \_\_\_\_\_

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If vehicle involved: Safety belt worn?  No  Yes

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

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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)

Partial coverage with \_\_\_\_\_ EUR deductible

or

Comprehensive insurance?

(Please indicate amount of deductible)

Comprehensive with \_\_\_\_\_ EUR deductible

Company: \_\_\_\_\_

Ins.policy no.: \_\_\_\_\_

c) Breakdown/recovery insurance

No  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?  No  Yes

Name/Address: \_\_\_\_\_

Based on previous accidents, has your vehicle already been

a) damaged?  No  Yes, on \_\_\_\_\_

b) repaired?  No  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  Please keep the damaged object ready for inspection

The damages object  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!**