HanseMerkur
Reiseversicherung AG

**Name and address of policyholder**

*Please complete the form and send it back to*

HanseMerkur Reiseversicherung AG
c/o Save Assistance France
6 Rue Jean-Pierre Timbaud
Le Campus, Bat. B1 - RDC Droit
78180 Montigny Le Bretonneux, France
@: hansemerkur@saveassistance.com

## Liability damage notice

**Confirmation no / insurance no:**_____

Dear Policyholder
In order to process your case efficiently we require specific information from you. Please complete this form as accurately as possible to avoid any unnecessary queries. Thank you for your cooperation and do not hesitate to contact us if anything is unclear to you.

### I. General Information:

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

| | | |
|---|---|---|
| | _____ | _____ |
| Address: | _____ | _____ |
| | _____ | _____ |
| Date of birth: | _____ | _____ |
| Occupation: | _____ | _____ |
| Tel.-No.: | _____ | _____ |
| E-Mail: | _____ | _____ |
| IBAN/Account-no. | _____ | _____ |
| BIC/Swift: | _____ | _____ |

**Name of claimant (aggrieved party)**

| | | | |
|---|---|---|---|
| | _____ | | |
| Address: | _____ | | |
| | _____ | | |
| Date of birth: | _____ | | |
| Occupation: | _____ | | |
| Tel.-No. | _____ | E-Mail: | _____ |
| IBAN/Account-no.: | _____ | BIC/Swift: | _____ |

**Relationship to the claimant (aggrieved party):**

| | |
|---|---|
| Do any family ties or kindship bonds exist between you and the aggrieved party | ☐ No ☐ If so, which? _____ |
| Does any labor, employment or any other contractual relationship exist between you and the aggrieved party? | ☐ No ☐ If so, which? _____ |
| Is he/she member of the house community? | ☐ No ☐ Yes |



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## II. Information concerning the damage:

When and where did the damage/accident occur?

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:

**Which persons did eye-witness the incident (name, age, occupation and address of witness(es)?**

Address: _____ _____

_____ _____

E-Mail: _____ _____

Age/Date of birth: _____ _____

Occupation: _____ _____

**Which police station did document the incident?**

Address: _____

_____

File-No.: _____



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## III. Causation:

On which grounds are you or any of your family members or any person placed under your custody blamed for causing this damage?

_____
_____

Which function is exercised by the person causing the damage (e.g. emergency ambulance man, travel guide, youth group leader, etc.)?

_____

May the aggrieved party be blamed his-/herself for causing the damage? To what extent?

_____

Have compensation claims been raised against you?
When: _____
Verbally? ☐ No ☐ Yes
In writing? ☐ No ☐ Yes (please enclose any documents in writing)

Are the compensation claims to high? (Please explain at length and use separate sheet, if necessary)

_____
_____
_____
_____
_____

Do you approve of granting any pecuniary compensation directly to the claimant?
☐ No ☐ If so, why? _____
_____

## IV. Please answer in case of personal injury:

What is the nature of the injury? _____
Which physician or hospital treated or has treated the injured party?

_____

Was an in-patient treatment applied? ☐ No ☐ Yes, how long _____ ☐ Unknown

Age of patient (date of birth)? _____

Marital status of patient (single, married, widowed, divorced)? _____

How many children has the patient got? _____ Aged? _____

What is the approximate income of the injured party or his/her spouse? _____EUR/Month

Is the injured party entitled to third-party compensation (health insurance, employee's industrial compensation society or similar bodies)? ☐ No ☐ Yes, at _____

## V. Please answer in case of material damage (including animals)

What kind of property was damaged? _____

What is the nature of the damage? _____

When and at which price was the property acquired? _____ EUR

Do you think a restoration is possible? ☐ No ☐ Yes ☐ Unknown

To which amount may the damage be valued? _____ EUR

Does this valuation consider any depreciation of or prior damages to the property?
☐ No ☐ Yes, short description _____



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Has the damaged property been insured (fire, glass, vehicle or similar insurance)?

Kind of insurance: _____

Name of the insurer: _____

Address of the insurer: _____

Policy No.: _____

Had the damaged property been
rented, ☐ No ☐ Yes
borrowed or ☐ No ☐ Yes
taken on lease or into safekeeping by you? ☐ No ☐ Yes

Is the damaged property rented part of a structure/building? ☐ No ☐ Yes

Did the damage to this property occur by an activity
(e.g. processing, repairing, transporting it etc.)? ☐ No ☐ Yes

Where can the damaged property be inspected (address, phone no.)
Name/company: _____

Address: _____

Tel-No.: _____

| Place and date | Signatur of insured party (party causing damage) | Signature of policyholder |
|---|---|---|

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

| | | | |
|---|---|---|---|
| The insurance policy | ☐ | The travel booking confirmation (copy) | ☐ |
| The purchase invoiced for the damaged object | ☐ | The damaged object | ☐ |
| The repair cost invoice | ☐ | An estimate | ☐ |
| Please keep the damaged object ready for inspection | ☐ | | ☐ |

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

**Please do not staple or attach documents. Thank you for your help.**



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**Policy no.:**
(Please quote unless already provided)

**Claim no.:**
(Please quote if known)

## VII. Your Duty to Provide Information and to Co-operate

**Information**

Dear customer

After the insured incident has occurred, we require your assistance.

**Duty to provide information and assist in clarification**
On the basis of the contractual agreement entered into, we may ask you to provide us with all information that is necessary to clarify the scope of liability (duty to provide information) and to clarify the matter fully (duty of clarification) to enable us to fully assess the claim. However, we may also request that you provide us with supporting documents, provided that such requests are reasonable.

Loss of benefits
If, contrary to the contractual agreements, you fail to provide us with information or give incorrect information, or wilfully fail to provide us with the supporting documents that we request, you will lose your entitlement to compensation. If breach of such obligations is based on gross negligence, we may reduce the benefits in proportion to the seriousness of the negligence. There will be no reduction if you prove that you have not been grossly negligent in infringing the obligations.

Notwithstanding a breach of your obligation to either provide information, assist in clarification, or provide supporting documents, we are still obliged to pay compensation insofaras you can prove that any violation of duty was neither the result of establishing the scope of the insured incident or the scope of our liability.

If you fraudulently breach the obligation to provide information to clarify matters or to provide supporting documents, we will in every case be released from our liability to pay the claim.

**Note:**
If a third party, and not you yourself, is entitled to the benefits under the contract, such third party must also provide information assist in clarifying matters and provide supporting documents.

**Place:** _____ **Date:** _____

_____
Signature of policyholder and insured or legal representative

## VIII. Final statement

I confirm that the information I have provided above is true and complete. I am aware that incorrect or incomplete information may lead to loss of insurance cover. I have taken note of the above information on the consequences of breach of obligation after the insured incident.

In addition I assign my claims and demands against a third party causing the accident / liable party or against my statutory health insurance fund / private health insurer to the amount of the compensation paid by HanseMerkur Reiseversicherung AG to HanseMerkur Reiseversicherung AG.

**Place:** _____ **Date:** _____

_____
Signature of policyholder and insured or legal representative



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