



Name and address of client

Dept. RLK
Phone: (+49-40) 41 19-10 00, Fax: -35 86

Hamburg,

We have been informed about the incident and hereby kindly request you to precisely and fully complete this notice of damage and immediately return it to us. Please make sure to fill it out with due diligence which will spare you additional queries and help us to quickly process your case. The policyholder shall **not** entitled to partially or fully accept the liability claim or to compensate the aggrieved party (street, house no.) without the explicit consent of the HanseMerkur Reiseversicherung AG (see the terms and conditions of personal liability insurance).

The questions below shall be answered by you to the extent possible and to the best of your knowledge or by asking third parties – however not by asking the injured or aggrieved parties or any of their family members. Any false or incorrect statements deliberately made will result in the loss of coverage entitlement regardless whether any such false and/or incorrect statements would prejudice the HanseMerkur Reiseversicherung AG or not.

Yours sincerely
HanseMerkur Reiseversicherung AG

Liability damage notice

Please return to the address stated above

Account no.: Claim no.:	Policy no.: Travel agent:
1 a) Name of policyholder and b) Name of insured party causing damage: a) b) DOB: a) b) Occup.: a) b) Address: a) b) Phone no.: Private: a) b) Office: a) b) IBAN BIC	2 Name of aggrieved party: DOB: Occup.: Address: Phone no.: Private: Office: IBAN BIC
3 a) Do any family ties or kinship bonds exist between you and the aggrieved party? If so, which? b) Does any labor, employment or any other contractual relationship exist between you and the aggrieved party? c) Is he/she a member of the house community?	3 a) b) c)
4 Specifications as to the damage / accident: a) When did the damage / accident occur? b) At which location / company / plant?	4 a) Day: Time: b)
5 Please describe in detail the circumstances of the damage / accident (Use separate sheet if space is insufficient): 	
6 Which persons did eye-witness the incident (name, age, occupation and address of witness(es) ?	6
7 Which police station did document the incident (full address & file no.) ?	7

<p>8 a) On which grounds are you or any of your family members or any person placed under your custody blamed for causing this damage?</p> <p>b) If the damage was caused by an individual:</p> <p>c) Which function is exercised by the person causing the damage? e.g. emergency ambulance man, travel guide, youth group leader, etc.</p> <p>d) May the aggrieved party be blamed his-/herself for causing the damage? To what extent?</p> <p>e) Have compensation claims been raised against you? When? Verbally or in writing? (Please enclose any documents in writing)</p> <p>f) Are the compensation claims too high? (Please explain at length and use separate sheet, if necessary)</p> <p>g) Do you approve of granting any pecuniary compensation directly to the claimant? If no, say why?</p>	<p>8 a)</p> <p>.....</p> <p>b) Date of birth: Occupation:</p> <p>c)</p> <p>.....</p> <p>d)</p> <p>e)</p> <p>.....</p> <p>f)</p> <p>g)</p> <p>.....</p>
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To be completed involving personal damages

<p>9 a) What is the nature of the injury?</p> <p>b) Which physician or hospital treated or has treated the injured party?</p> <p>c) Was an in-patient treatment applied (how long)?</p> <p>d) Age of patient (date of birth)?</p> <p>e) Marital status of patient (single, married, widowed, divorced)?</p> <p>f) How many children has the patient got? Aged?</p> <p>g) What is the approximate income of the injured party or his/her spouse?</p> <p>h) Is the injured party entitled to third-party compensation (health insurance, employee's industrial compensation society or similar bodies)?</p>	<p>9. a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>e)</p> <p>.....</p> <p>f)</p> <p>g)</p> <p>h)</p>
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To be completed involving damage to property (including animals)

<p>10 a) What kind of property was damaged?</p> <p>b) What is the nature of the damage?</p> <p>c) When and at which price was the property acquired?</p> <p>d) Do you think a restoration possible?</p> <p>e) To which amount may the damage be valued?</p> <p>f) Does this valuation consider any depreciation of or prior damages to the property?</p> <p>g) Has the damaged property been insured (fire, glass, vehicle or similar insurance)? Which insurer? Policy no.?</p> <p>h) Had the damaged property been rented, borrowed or taken on lease or into safekeeping by you?</p> <p>i) Is the damaged property rented part of a structure/building?</p> <p>j) Did the damage to this property occur by an activity (e.g. processing, repairing, transporting it etc.)?</p> <p>k) Where can the damaged property be inspected (address, phone no.) ?</p>	<p>10 a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>e)</p> <p>f)</p> <p>g)</p> <p>.....</p> <p>h)</p> <p>i) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>j)</p> <p>.....</p> <p>k)</p> <p>.....</p>
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Please do not clip or staple the documents subject for submittance !

The above questions have to be answered to the best of your knowledge and must be true.

Place and date

Signature of insured party (party causing damage)

Signature of policyholder