

Notification of Loss or Claim



Complete the form as accurately as possible.
Complete the sections "to be completed always" first.
Continue thereafter with the pertinent section.

**In case of theft or loss, always submit a report to the police.
The copy you receive from the police shall be attached to
the claims notification. If a separate list of stolen/lost items
is made, we shall require this also.**

NOTIFICATION IN RESPECT OF (mark with x as applicable):

- Theft or damages in the home
Own home, or someone else's.
Applies also for storage in attic
or basement, etc.
- Theft or damages outside the home
From hotel room, vehicle, work-
place, etc.
- Robbery, bag snatching, assault
- Other damages or loss

TO BE COMPLETED ALWAYS

<input type="checkbox"/> Service abroad	<input type="checkbox"/> Business travel	<input type="checkbox"/> Other insurance	Number of policy
Date of occurrence of damages/loss/theft (year, month, day)	Date of departure from home/workplace	Planned date of return to place of domicile	
Name	Civic registration No. (yr/month/date/No.)	Telephone	
Address	Postal code, City	E-mail	
Payment procedure: The bank's name	Swift code	Account No.	
The bank's address		Country	
Name of employer	Address	Contact person	
Registration No.	Liability to report VAT <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone	E-mail
Where did the loss/damages occur? (address)			
During which period did the loss/damages occur? From (date, time)		To (date, time)	
Where were you when the loss/damages occurred?			
Which insurance company has issued the homeowner's policy?		Policy No.	
Other insurance cover? Insurance company		Policy No.	
Do you have all risks cover? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FURTHER INFORMATION

Continue on next page »

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THEFT AND DAMAGES IN THE HOME

Where did the theft occur?

Home/Apartment Basement Attic Other

Where?

Did the offender enter by a door? Which door?

Main entrance Veranda, terrace or balcony? Other

Which?

Was the door locked?

Yes No

Manufacture and description of the lock

Were there damages to the door, frame, or lock?

Yes No

Which?

Did the offender enter through a window? Which?

Window on the ground floor Window on the second floor Window in the basement Window in the gallery

Which?

Other window

Position of the window. Indicate the distance between the lower edge of the window and the nearest standing space (e.g. ground, balcony, scaffolding) cm

Was the window open?

Yes No

Was there an adjusting device on the window to allow for airing?

Yes No

How?

Did any damages occur to the window, window sill, or window frame?

Yes No

Which?

Is there any person, other than the insured, who has access to the residence/keys to the residence Yes No

Who?

Address, postal code, City

Telephone

Was anybody at home on the occasion of the theft?

No

When did the last person leave the residence? Date and time.

Yes

Who?

If method of burglary is unknown, indicate how you believe the offender entered the premises

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THEFT AND DAMAGES OUTSIDE THE HOME

Motor vehicle

Registration No.

Make, model

Year of manufacture

Insurance company

In the event of theft from the vehicle indicate where the stolen items lay (boot, front seat, etc)

Was the door locked?

Yes No

Manufacture and description of the lock.

Were there damages to the vehicle?

Yes No

Which?

Was the vehicle parked for the night?

Yes No

Was the vehicle left in long-term parking? Specify location.

Airport Railway station Boat harbour Other location

Which?

Was the vehicle entrusted to somebody's care?

Yes No

Who?

Hotel room, cabin, coupé

Where did the theft occur?

Hotel room Cabin Coupé

Was the hotel room, cabin, or coupé locked? Where was the key kept?

Yes No

Where in the hotel room, cabin, or coupé was/were the stolen item(s) kept?

Workplace

Where was/were the stolen item(s) stored in the workplace?

Was/were the stolen item(s) locked into a cupboard, desk or similar space? Which?

Yes No

ROBBERY, BAG SNATCHING, ASSAULT

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Describe what happened

Was there any personal injury?

Yes No

Specify

Have you consulted a physician following the injury?

Yes No

Name and address of physician (Attach the medical certificate hereto.)

Can you name the offender?

Yes No

Name and address

Are there any witnesses? In such case, indicate name and address

OTHER DAMAGES OR LOSS

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Describe how the damage or loss occurred

