



Name and address of policyholder

Please complete the form and send it back to

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

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 kinship 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

II. Information concerning the damage:

When and where did the damage/accident occur?

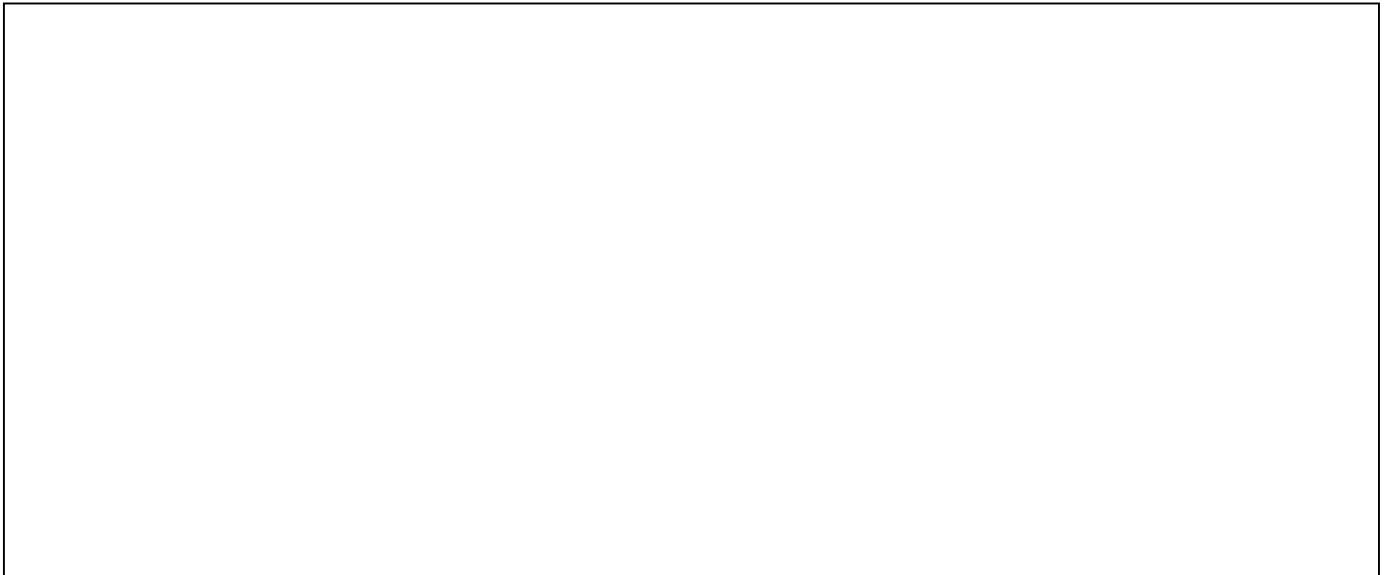
Date: _____

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.: _____

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 too 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 _____

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 verification – the following documents/items so that we can process the damage claim for you:

- | | | | |
|--|--------------------------|--|--------------------------|
| The insurance policy | <input type="checkbox"/> | The travel booking confirmation (copy) | <input type="checkbox"/> |
| The purchase invoiced for the damaged object | <input type="checkbox"/> | The damaged object | <input type="checkbox"/> |
| The repair cost invoice | <input type="checkbox"/> | An estimate | <input type="checkbox"/> |
| Please keep the damaged object ready for inspection | <input type="checkbox"/> | | <input type="checkbox"/> |
| Should the repair costs exceed _____ EUR, please inform us at once so that an expert report can be ordered | | | <input type="checkbox"/> |

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

Policy no.:
(Please quote unless already provided)

Claim no.:
(Please quote if known)

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

Information under Sec. 28 para. 4 VVG

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 insofar as 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 in accordance with Sec. 28 para. 4 of the Insurance Contract Act 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

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?

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
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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)
or

Partial coverage with _____ EUR deductible

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!