

Name and address of client

Dept./Abt. RLK-Leistung - RLK 3  
 Tel.: (+49-40) 41 19-10 00  
 Fax: (+49-40) 41 19-35 86

We were informed about the damage incident and hereby kindly request you to precisely and fully complete this notice of damage and immediately send it back to us. Please make sure to fill it out with due diligence which will spare you additional queries and facilitates quick processing of your claim. Also note that the policyholder is obliged to complete this form fully and to the best of his/her knowledge, and must send it back without delay. Any false and incomplete statements deliberately made will result in the loss of any coverage claim even notwithstanding the fact that any such false and/or incorrect statements would not prejudice the HanseMerkur Reiseversicherung AG.

Yours sincerely  
**HanseMerkur Reiseversicherung AG**

## Accident damage notice

Please send back to the address stated above.

**Documents to be attached:**

- Evidence of coverage (copy)                       Police report (original document)  
 Booking confirmation by the travel agent       Treatment evidence by medical practitioner

<b>Damage no.:</b>	
<b>Insurance policy no.</b>	<b>Agent:</b>
1.1. First and last name of injured party: 1.2. Postal code/location/street/phone no.: 1.3. Date of birth: 1.4. Occupation: 1.5. Employment specifications: a) Office duty – < 120 days per year on business trips b) Field service - > 120 days per year on business trips c) Executive function within organisation d) Non-executive function within organisation	1.1. .... 1.2. .... 1.3. .... 1.4. .... 1.5. .... a) <input type="checkbox"/> yes <input type="checkbox"/> no b) <input type="checkbox"/> yes <input type="checkbox"/> no c) <input type="checkbox"/> yes <input type="checkbox"/> no d) <input type="checkbox"/> yes <input type="checkbox"/> no
2.1. When did the accident occur? - Date and time - 2.2. Where exactly? (location and street/road)	2.1. .... 2.2. ....
2.3. How did the accident happen? ..... ..... ..... ..... ..... ..... ..... ..... .....	

<p>2.4. Had the injured party consumed alcohol prior to the accident? .....</p> <p>If yes, what kind of and how much? .....</p> <p>Blood test? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Result: .....</p>	
<p>3.1. Are there any eye-witnesses? (Names and addresses)</p> <p>3.2.: Who saw the injured party first?</p> <p>3.3. Was the accident registered by the police? (state police station and file no.)</p>	<p>3.1. ....</p> <p>3.2. ....</p> <p>3.3. ....</p>
<p>4.1. Doctor in attendance/hospital taken to (Name and address)</p> <p>4.2. When was the doctor consulted? (Day and hour)</p> <p>4.3. What did he/she prescribe?</p>	<p>4.1. ....</p> <p>4.2. ....</p> <p>4.3. ....</p>
<p>5.1. State the whereabouts of the injured party.</p> <p>5.2. Which injuries did occur?</p> <p>5.3. In-patient treatment from/to</p> <p>5.4. Where and how long was the injured party hospitalised and subject to in-patient treatment due to the accident? (Full address)</p> <p>5.5. Had the injured party's health been impaired in any way or had his/her health condition been impaired in any way?</p> <p>5.6. Had any limbs been missing? Had he/she been handicapped?</p>	<p>5.1. ....</p> <p>5.2. ....</p> <p>5.3. ....</p> <p>5.4. ....</p> <p>5.5. ....</p> <p>5.6. ....</p>
<p><b>6. To be answered in case of vehicle accidents</b></p> <p>6.1. a) Vehicle's official licence no.: b) Travel purpose:</p> <p>6.2. a) Who drove the vehicle? b) Was the driver in possession of a valid driver's licence? c) Was the driver on a business or non-business trip?</p> <p>6.3. How many passengers were in the vehicle (total number)?</p> <p>6.4. Names and addresses of all passengers: Who sat on which seat – front/back – seat belts fastened?</p>	<p>6.1. a) ..... b) .....</p> <p>6.2. a) ..... b) ..... Type ..... c).....</p> <p>6.3. ....</p> <p>6.4. ....</p>
<p>7.1. Are you in possession of an additional accident insurance policy with another insurance provider? (Address, policy no., coverage start)</p> <p>7.2. Which former insurer did provide accident coverage for you?</p> <p>7.3. Has the insured party received any accident compensation? By whom? When? Which file no.?</p> <p>7.4. Which insurer has declined or shelved any application for life or accident insurance? When?</p> <p>7.5. Which employee's industrial compensation society is the injured party a member of? (Full address and file no.)</p> <p>7.6. Which entities referred to above has the damage been reported to? When?</p>	<p>7.1. ....</p> <p>7.2. ....</p> <p>7.3. ....</p> <p>7.4. ....</p> <p>7.5. ....</p> <p>7.6. ....</p>
<p>8.1. Which health insurance provider is the injured party a member of?</p> <p>8.2. When was the accident reported to the health insurer?</p>	<p>8.1. ....</p> <p>8.2. ....</p>

9. Additional statements: .....

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I hereby explicitly state to have made the above statements to the best of my knowledge and that they are true.  
All doctors which have and will treat me shall hereby be released by me from their confidentiality obligation in favour of the HanseMerkur Reiseversicherung AG for the time being and also after my death. Furthermore, I hereby authorise other insurance companies, underwriters and authorities to render all information to the HanseMerkur Reiseversicherung AG required by it.

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Place and date

\_\_\_\_\_  
Signature of injured party

\_\_\_\_\_  
Signature of policyholder