

Your report <i>Ihre Beurteilung</i>	Were you or another insured person responsible for the accident? <i>Trifft Sie oder eine mitversicherte Person ein Verschulden?</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, grounds
	Was a third party responsible for the accident? <i>Liegt ein Verschulden Dritter vor?</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, grounds
	Was there contributory negligence by the injured party? <i>Liegt ein Mitverschulden des Geschädigten vor?</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, grounds

Witnesses
Zeugen

Names and addresses / *Namen und Anschrift*

Police notification <i>polizeilich aufgenommen</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, at	address/department <i>Anschrift/Dienststelle</i>	Incident/log no. <i>Tagebuch-Nummer</i>
	Complaint/police caution <i>Anzeige/Verwarnung</i>		
	<input type="checkbox"/> no <input type="checkbox"/> yes, as / durch _____		

Injured party's property <i>Sachschaden des/der Geschädigten</i>	What items were damaged? <i>Welche Sachen wurden beschädigt?</i>	Purchase date/purchase price/(currency)/owner <i>Alter/Anschaffungspreis/(Währung)/Eigentümer</i>				
	_____	€ _____				
Type and extent of damage / <i>Art u. Umfang der Beschädigung</i> _____						
Is repair possible? / <i>Ist eine Reparatur möglich?</i> <input type="checkbox"/> yes <input type="checkbox"/> no						
Were the damaged items with you or another insured person <i>Hatten Sie die beschädigte Sache</i>	on hire? <i>gemietet?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	on loan? <i>geliehen?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	in safekeeping? <i>in Verwahrung?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
	to work on? <i>zu bearbeiten?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	for repair? <i>zu reparieren?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	for despatch? <i>zu befördern?</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
Where can the damaged items be examined? <i>Wo können die beschädigten Sachen besichtigt werden?</i> _____						

Injured party's injuries <i>Personenschaden des/der Geschädigten</i>	Accident at work? at school? <i>Betriebsunfall? Schulunfall?</i>	Medical treatment as <i>Behandlung erfolgt</i>	Injured person <i>Verletzte Person</i>	Children requiring care <i>zu versorgende Kinder</i>
	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> in patient <input type="checkbox"/> out patient	Age marital status	number ages
Type and extent of injuries <i>Art und Umfang der Verletzung</i>				

Claims by the injured party <i>Ansprüche des/der Geschädigten</i>	Have claims already been asserted against you? <i>Sind bereits Ansprüche bei Ihnen geltend gemacht worden?</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, verbally/mündlich <input type="checkbox"/> in written form/schriftlich	How much? € _____ <i>Wieviel?</i>
	Do you believe the injured party's demands to be reasonable? <i>Halten Sie die Forderung des Geschädigten für angemessen?</i> <input type="checkbox"/> yes <input type="checkbox"/> no, why not?		
	Can a possible compensation be paid to the injured party, without you being informed in advance? <i>Kann eine etwaige Entschädigung an den Geschädigten gezahlt werden, ohne dass Sie vorher verständigt werden?</i> <input type="checkbox"/> yes <input type="checkbox"/> no, why not?		

I certify by signing below that all the questions in this claims form have been answered fully and correctly. This also applies even in a case where I myself have not written the answers. I understand that knowingly incorrect or incomplete details may lead to the loss of insurance protection, even when this has no effect on the evaluation of the case, and do not thereby result in any injury for the insurer.

Date	Signature of policy holder	Signature of person causing the accident
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