

Name and address of policy holder <i>Name und Adresse des Versicherungsnehmer</i>	<h2 style="text-align: center; margin: 0;">LIABILITY INSURANCE claims form</h2> <h3 style="text-align: center; margin: 0;">HAFTPFLICHT-Schadenanzeige</h3> <p style="font-size: small; margin: 5px 0;">Please avoid any discussion with the injured party about his or her claim. Before you have been advised by your insurer you must neither admit nor settle a claim</p> <p style="font-size: small; margin: 5px 0;">Any correspondence (particularly written claims, loss documentation, claims, orders to pay, applications for help in litigation or similar) are to be sent to the insurer immediately.</p> <p style="font-size: small; margin: 5px 0;">Lodge a complaint immediately against any order to pay and raise an objection to any actions taken to enforce payment.</p> <p style="font-size: small; margin: 5px 0;">Please note that every insurance accident <i>must</i> be reported in writing within one week, without delay. If the injured party makes a claim, you are required to report this within a week to the insurer.</p>												
Insurance policy no. _____ <i>Versicherungs-Nr.</i>													
Contact details													
Daytime phone no. _____ Daytime fax no. _____ Home phone no. _____ Home fax no. _____ Email _____ Occupation/Organisation _____													
Date of accident _____ Time _____ Place _____ <i>Schadendatum Uhrzeit Ort</i>													
Description of accident (if required use an additional sheet of paper, particularly for diagrams or sketches) <i>Schilderung des Schadenereignisses (ggf. zusätzliches Blatt benutzen, auch für Skizze)</i>													
_____ _____ _____ _____													
Injured party: _____ <i>Geschädigte/r:</i> (Name and full address / <i>Name u. vollständige Adresse</i>) (If required use an additional sheet of paper/ggf. zusätzliches Blatt)													
Daytime tel/fax/email _____ Home _____													
Occupation/Organisation _____ Vorsteuerabzugsberechtigt <input type="checkbox"/> yes <input type="checkbox"/> no <i>Beruf/Betrieb</i>													
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;"> Is the injured party <i>Ist der/die Geschädigte</i> </td> <td style="width: 25%; border: none;"> related to you? <i>mit Ihnen verwandt?</i> </td> <td style="width: 25%; border: none;"> employed by you? <i>bei Ihnen beschäftigt?</i> </td> <td style="width: 25%; border: none;"> Form of relationship/employment <i>Art des Verwandtschafts-/Beschäftigungsverhältnisses</i> </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="border: none;"> _____ </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no </td> </tr> </table>		Is the injured party <i>Ist der/die Geschädigte</i>	related to you? <i>mit Ihnen verwandt?</i>	employed by you? <i>bei Ihnen beschäftigt?</i>	Form of relationship/employment <i>Art des Verwandtschafts-/Beschäftigungsverhältnisses</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
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Responsible for accident: _____ <i>Schadenverursacher</i>													
Family name, given name, address, phone, fax / <i>Name, Vorname, Anschrift, Telefon, Telefax</i>													
Occupation / <i>Beruf</i> _____ Function/relationship to policy holder/ <i>Stellung zum VN</i> _____													
Reason and purpose for presence at place of accident / <i>Grund und Zweck des Aufenthaltes am Schadenort</i> _____ Who ordered the action that led to the accident? / <i>In wessen Auftrag erfolgte die zum Schaden führende Tätigkeit</i> _____													
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_____	_____	_____	_____										
Who was supervising the child (family name, given name, date of birth)? / <i>Wer beaufsichtigte das Kind (Name, Vorname, Geburtsdatum)?</i> _____ Address / <i>Anschrift</i> _____													

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? <i>Betriebsunfall?</i> <input type="checkbox"/> yes <input type="checkbox"/> no	at school? <i>Schulunfall?</i> <input type="checkbox"/> yes <input type="checkbox"/> no	Medical treatment as <i>Behandlung erfolgt</i> <input type="checkbox"/> in patient <input type="checkbox"/> out patient	Injured person <i>Verletzte Person</i> Age marital status	Children requiring care <i>zu versorgende Kinder</i> 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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