**Notice of Claim**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Electronics  | / Photovoltaic |  |  |  |
|  | WTW Single Contract No.:       -       |
| **Gaede & Glauerdt Assecuradeur GmbH & Co. KG** Herrengraben 320459 HamburgT: +49 (0) 40 37653-0F: +49 (0) 40 37653-200www.gaedeglauerdt.de  | Phone Number of insured:       |
| E-mail-address of insured:       |
| Claim No. of insured:       |
| Name/Stamp of the insured: |
|       |
|  | Entitled to deduct tax (VAT): [ ]  no [ ]  yes,       % |
| **Information to your****photovoltaic power plant** | **If you do not have a single contract No. of WTW, we also need the following information:**

|  |  |  |
| --- | --- | --- |
| Warranty start date:  |       | Date of installation:       |
| Replacement value (net):  |       | Panel size in kWp:       |
| Location of photovoltaic panel (street, place) |       |
| Name of panel producer: |       |
| Name of installer: |       |
| Do you have another electronic insurance for you photovoltaic panel? [ ]  no [ ]  yes |

 |
| **Behaviour** **in case of a claim** | Please do everything necessary to make sure the claim is not getting bigger. Keep calm, please do immediately start with salvage actions. Damaged and destroyed goods must be kept until the survey of the police or insurer has taken place. Please take pictures of the claims area. Please note the information sheet “Behaviour in case of a claim”. |
| **General** | Date of claim: |  | Time: | Did you make any claim against the causer, | Kind of damage? |
|  |       |  |       | supplier or parties meanwhile? [ ]  no [ ]  yes |       |
| **Cause of Claim** | How did the claim occur? (Please give an exact description). Attach extra pages if needed. |
|  |       |
|  |
| **For Theft Claims** | Which local police authorities have been informed? | Crime Reference No.: |
|  |       |       |  |
| **Claim Amount** | Which measures of repair are required? (non-binding) |  |
|  | Change of: |       | EUR       |  |
|  | Repair of: |       | EUR       |  |
|  | In-house production costs (     man hours x      EUR/hour) = | EUR       | **Total costs: ca. EUR**  |
| **Business****interruption** | Which part of photovoltaic power plant was disconnected?

|  |  |  |
| --- | --- | --- |
| - the whole plant | [ ]  no [ ]  yes | with performance of:       kWp |
| -       (units) converter | [ ]  no [ ]  yes | with performance of:       kWp |
| -       (units) panels | [ ]  no [ ]  yes | with performance of:       kWp |
| How long was the period of interruption? | from (date):       | Until (date):       |

 |
| **Damage / loss****Interruption** **Revenue** **shortfall** | **Checklist for required documents:**Please mark the documents submitted with this claims form and please submit the other documents subsequently.[ ]  Estimate of installer / repairing company (please store damaged parts protected against rain, storm and theft)[ ]  Invoice for repairing or replacement (Invoice should include each cost position with separate price). Please also hand in the invoices of external companies i.e. for the erection of scaffolding.[ ]  Purchase invoice (complete with number of panels and convertor)[ ]  Photos of the damaged panel AND of the roof area [ ]  Invoice of recycling company / confirmation of recycling[ ]  List of stolen goods (When updating the list please inform the police as well as the insurer!)[ ]  Log –in details or confirmation of installer for period of interruption and performance disruption[ ]  Experts report on estimated yield with yield-forecast (often included in the purchasing documents)[ ]  Settlement of accounts of the energy provider for at least 1 policy year *(Claims for revenue shortfall will be settled after a complete policy year!)* |
| **Bank Details** | Who should receive payment? (Account Holder)       |
|  | IBAN: |       | BIC: |       |
|  | Name and address of the bank and branch: |       |
|  |  |  |
| **Contact Person** | Who is expected to conduct the repair? (name, company, address) |
|  |       |
|  | Who can be asked for the cause or scope of damage? (name, telephone extension) |
|  |       |
| [ ]  Please answer all applicable questions. Strike outs or other marks are counted as no. |
| All questions should be answered truthfully to the best of your knowledge. Any intentionally false or not completely true information can lead to a denial of coverage even if this has no effect on the insurer’s adjusting of the claim. |
|       |  |       |  |  |
| Place | Date |  Signature |