|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Products Liability** (Attachment to General Liability claims form) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | WTW Client No.: | | | | | | |
|  | | | | | | | | | | | Insurance Policy No.: | | | | | | |
|  | | | | | | | | | | | WTW Claim No: | | | | | | |
|  | | | | | | | | | | | Client Claim No: | | | | | | |
| **Willis Towers Watson**  **Versicherungsmakler GmbH** | | | | | | | | | | | Name/Stamp of the Policyholder: | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | | Entitled to deduct tax (VAT.): | | | | | no  yes,     % | |
| **General** | | Date of claim:: | | | Time: | | | | | | Location of claim (address): | | | | | | |
|  | |  | | |  | | | | | |  | | | | | | |
| **Claim Amount** | | What is the estimated claim amount? (non-binding) | | | | | | | | | | | EUR | | | | |
|  | | Which product has caused the claim? | | | | | | | | | | |  | | | | |
|  | | What is the intended use of the product? | | | | | | | | | | |  | | | | |
|  | | Was an instruction manual included? | | | | | | | | | | | no  yes (please attach a copy) | | | | |
|  | | Was the instruction manual observed by the user? | | | | | | | | | | | no  yes | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| **Inspection** | | Was an outgoing goods inspection conducted? | | | | | | | | | | | | | | | |
|  | | no  yes, please provide a description: | | | | | | | |  | | | | | | | |
|  | | Was an incoming goods inspection according to § 377 of the German Commercial Code (HGB) conducted? | | | | | | | | | | | | | | | |
|  | | no  yes, please provide a description: | | | | | | | |  | | | | | | | |
|  | | Date of Dispatch: | |  | | | | | | | | | | | | | |
|  | | Have other products of the same production run been dispatched? | | | | | | | | | | | | no  yes, how many? | | | |
|  | | How high is the portion of rejected goods as a part of the final product? | | | | | | | | | | | | |  | | |
|  | |  |  | | | | | | | | | | | | | | |
| **Product Origin** | | Was your company the Producer, Seller of the Product or the Sub-Contractor? | | | | | | | | | | | | | | | |
|  | | no  yes, specifically: | | | |  | | | | | | | | | | | |
|  | | Should you be represented by a supplier in occurrence of a loss? | | | | | | | | | | | | | | | |
|  | | no  yes, address and reasons (Attach extra pages if needed): | | | | | | | | | |  | | | | | |
|  | | Was there a contractual agreement between you and the claimant? | | | | | | | | | | | | | | | |
|  | | no  yes (Please provide documents, Terms of Business, etc.) | | | | | | | | | | | | | | | |
|  | | Did you guarantee certain qualities about the product? | | | | | | | | | | | | | | | |
|  | | no  yes, please elaborate: | | | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| **Cause of Claim** | | What do you see as the cause of the damage? | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
|  | | Which measures have been taken to avoid another claim from the similar problems from occurring? | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |
| 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 | | | |  |