**Notice of Claim**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fire | Water Main | | | Storm | | | | | | | Burglary | | | | | | | | | | Glass | | | Other | | | | | |
|  | | | | | | | | | | | | | WTW Client No.: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Insurance Policy No.: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | WTW Claim No.: | | | | | | | | | | | | | | | | |
| **Willis Towers Watson**  **Versicherungsmakler GmbH** | | | | | | | | | | | | | Name/Stamp of the Policyholder: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | Entitled to deduct tax (VAT):  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: | | | | | Location of claim (address): | | | | | | | | | | | | | | | | | |
|  | |  | |  | | |  | | | | |  | | | | | | | | | | | | | | | | | |
| **Cause of Claim** | | How did the claim occur? (Please give an exact description). Attach extra pages if needed. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Extent of the Damage** | | Which floors? | | | | Which rooms? | | | | | | | | | Which part of the building? | | | | | | | Damages items | | | | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |
|  | | (i.e. basement, … floor, attic) | | | | (i.e. kitchen, toilet, hallway) | | | | | | | | | (i.e. ceiling, walls, floors, doors, window, plumbing, roof) | | | | | | |  | | | | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | |
|  | | Are the items damaged insured by any other insurance policy?  no   yes, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Claim Amount** | | **What is the estimated claim amount? (non-binding)** | | | | | | | | | | | | | | | | **EUR** | | | | | | |  | | | | |
|  | | Who should receive payment? (Account Holder) | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | IBAN: |  | | | | | | | | | | | | | | | BIC: | |  | | | | | | | | | |
|  | | Name and address of the bank and branch: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Theft Claims** | | Which local police authorities have been informed? | | | | | | | | | | | | | | | Crime Reference No.: | | | | | | List of stolen goods is attached  yes  no | | | | | | |
|  | |  | | | | | | | | | | | | | | |  | | | | | | When updating the list please inform the police as well as the insurer! | | | | | | |
| **Water Main** | | What is the cause of the damage? | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Damage** | | pipe break | | open faucet | | | | | | | | | | overflow | | | | | back-up | | | | | frost damage | | | | leak | |
|  | | If a pipe broke, which one? | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | inlet pipe | | | exhaust pipe | | | | | | | | | heating line | | | | | downspout | | | | | faucet | | |  | | |
|  | | Where is the damaged pipe situated? | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | inside the building | | | | | | outside the building | | | | | | | | | | in the ground underneath the building | | | | | | | | | | | |
| **Storm Damage** | | Did Storm Damage also occur in the nearby vicinity of the insured property? | | | | | | | | | | | | | | | | | | | | | | | | yes | | | no |
| 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 | | | | | | | | | | | | |