|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Liability Claims** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | WTW Client No.: | | | | | | | |
|  | | | | | | | | | | | | | | Insurance Policy No.: | | | | | | | |
|  | | | | | | | | | | | | | | WTW Claim No.: | | | | | | | |
|  | | | | | | | | | | | | | | Policyholder 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): | | | | | | | |
|  | |  | | |  | | | | | | | | |  | | | | | | | |
| **Cause of Claim** | | How did the claim occur? (Please give an exact description). Attach extra pages if needed.  (For Product Liability Claims, please use the Products Liability Claims Form) | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
|  | | Who caused the claim? | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | |
|  | | Was the fault on your part? | | | | | | | | | | | | | | | | | | | |
|  | | no  yes (please explain): | | | | | |  | | | | | | | | | | | | | |
|  | | Has a demand for indemnity already been made? | | | | | | | | | | | | | | | | | | | |
|  | | no  yes, amount:      € | | | | | | | | | | | | | | | | | | | |
|  | | Witnesses  no  yes, name/address: | | | | | | | | | | |  | | | | | | | | |
|  | | Police authorities assessment  no  yes, department: | | | | | | | | | | | | | | | | | Crime Reference No.: | | |
| **Claimant** | | Name and address: | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | |
|  | | Is the claimant employed by you? | | | | | | | | | | no  yes | | | | | | | | | |
|  | | Family relation? | | | | | | | | | | no  yes; | | | | | | | | | |
| **Property** | | What property has been damaged? | | | | | | | | | | | | | | | | | | | |
| **Damage** | |  |  | | | | | | | | | | | | | | | | | | |
|  | | What is the extent of the damage | | | | | | | |  | | | | | | | | | | | |
|  | | Is repair possible?  no  yes | | | | | | | | | | | | | | | | | | | |
|  | | Was the damages property | | | | | | | | | | | | | | | | | | | |
|  | | rented  borrowed  in your cusody  to be worked on  for repair  for transport | | | | | | | | | | | | | | | | | | | |
| **Bodily** | | What injuries have occurred? (Attach extra pages if needed) | | | | | | | | | | | | | | | | | | | |
| **Injury** | |  |  | | | | | | | | | | | | | | | | | | |
|  | | Claimant (name and address): | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | |
|  | | Age of the injured person | | | | | | | | | Marital status | | | | | | | Occupation | | | |
|  | |  | years | | | | | | | |  | | | | | | |  | | | |
|  | | Has a work injury occurred?  no  yes | | | | | | | | | | | | | | | | | | | |
|  | | Which Government Workers Compensation Office has been informed? | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | | | | | |
| **Claim payment** | | Who should be indemnified? (Account Holder) | | | | | | | | | | | |  | | | | | | | |
|  | | IBAN: | |  | | | | | | | | | | | | | BIC: | | | | |
|  | | Name and address of the bank and branch: | | | | | | | | | | | |  | | | | | | | |
| 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 | | | | |  |