**Notice of Claim**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Machinery | [ ]  Machinery-BI | [ ]  Electronics | [ ]  CAR | [ ]  EAR |
|  | Insurance Policy No.:       |
|  | WTW-Policy No.:       |
|  | WTW Claim No.:       |
| **Willis Towers Watson** **Versicherungsmakler GmbH** | Claim No. Policyholder:       |
|       | 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/building site (address): | Insurer: |
|  |       |  |       |       |       |
| **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.: | List of stolen goods is attached [ ]  yes [ ]  no |
|  |       |       | When updating the list please inform the police as well as the insurer! |
| **Extent of the**  | Name of the insured item? | Position in policy schedule of machinery: | Nr.       |
| **Damage** |       |
|  | Kind of damage: |       |
|  | Could the causer of the loss be determined? [ ]  no [ ]  yes (name, company, address) |
|  |       |
|  | Did you make any demands against the causer, supplier or parties meanwhile? [ ]  no  [ ]  yes |
| **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 amount: ca. EUR**  |
| **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) |
|  |       |
| **Business** | What kind of business interruption has occurred?? |
| **interruption** |       |
|  | Approx. duration: | Days:       | Shifts:        | Total:       |
|  | impairment of performance (estimated):  |      %, EUR       |
| [ ]  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 |