

Claim notification for theft / vandalism

To speed up the claim settlement, please answer all questions as precisely and comprehensibly as possible. The right answers should be cross-marked in the relevant square and supplementary questions should also be answered. Add any available documents. *(Turn the sheet).*

Insured Name (Company name)		Policy number	
Street and house number (Registered office)		Telephone No.	
ZIP Code/ Town/city/village		E-mail address	
Company registration No. (individual birth number)		Bank account number for claim settlement	
Tax reference number			

Date and hour of loss occurrence	Date At : o'clock.	
Location of loss occurrence	At Street..... House number Floor.....	
Place of loss occurrence	<input type="checkbox"/> building <input type="checkbox"/> apartment <input type="checkbox"/> house <input type="checkbox"/> basement <input type="checkbox"/> storage <input type="checkbox"/> shop <input type="checkbox"/> depository <input type="checkbox"/> trailer <input type="checkbox"/> tent <input type="checkbox"/> accommodation facility <input type="checkbox"/> vehicle <input type="checkbox"/> other	
Security and measures protecting the items against theft	(in respect of theft of the money and valuables please specify the safe type, resistance degree, weight, anchorage, and electronic security system , etc ...)	
Detailed description of loss occurrence and loss course		
What measures have you taken to mitigate the loss?		
Ownership of property damaged	<input type="checkbox"/> own items <input type="checkbox"/> foreign items taken over <input type="checkbox"/> foreign items rented, including leasing	
Are you VAT payer?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the tax authority address: <input type="checkbox"/> Yes VAT ID No.	
Was the loss investigated by the Police?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the name and address of the police unit <input type="checkbox"/> No Investigation case file No. ORP <i>(Add Police certificate of claim notification)</i>	
Offender found	<input type="checkbox"/> No <input type="checkbox"/> Yes - Full name and address <input type="checkbox"/> No Yes	
Did a similar loss happen to you in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify what and when <input type="checkbox"/> No Yes Claim No.	
Is this risk covered simultaneously by another policy?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify the name and registered office of the insurer <input type="checkbox"/> No Yes Policy No.	
Full names and addresses of witnesses of loss occurrence	1.	2.

Extent of Loss Incurred

Item No.	Number [pc]	Damaged, Destroyed or Lost Items (Name, description, serial number, other data) <i>In construction components please specify dimensions and extent of damage</i>	Purchase price per pc [€]	Way of purchase	Year of purchase (age)	Total purchase price [€]
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
(In case of an extensive loss please add a separate list) Total						

- Enclosures:
- | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> documents of items purchase, number: | <input type="checkbox"/> customs office certificate of items import/export |
| <input type="checkbox"/> police record of loss occurrence | <input type="checkbox"/> accommodation certificate |
| <input type="checkbox"/> documents on the safe, guarding, ESS, number: ... | <input type="checkbox"/> parking certificate |
| <input type="checkbox"/> certificate of forwarder/ accommodation facility/supervised parking area operator on loss occurrence and extent | |
| <input type="checkbox"/> other: | |

I hereby declare that I answered truly and completely all the questions.

At Date
Name and signature (stamp) **of the Insured**