

**Claim notification for natural perils or burst of pipes**

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).*

<b>Insured Name</b> (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			

<b>Date and hour of loss occurrence</b>	Date ..... at ..... : ..... o'clock.	
<b>Location of loss occurrence</b>	At ..... Street ..... house No. .... floor. ....	
Place of loss occurrence	<input type="checkbox"/> building <input type="checkbox"/> apartment <input type="checkbox"/> storage <input type="checkbox"/> basement <input type="checkbox"/> roof <input type="checkbox"/> shop <input type="checkbox"/> office <input type="checkbox"/> other.....	
<b>Detailed description of loss occurrence and loss course</b>		
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: Yes <b>VAT ID No.</b> .....	
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: Investigation case file No. <b>ORP</b> ..... <i>(Add Police certificate of claim notification)</i>	
Did a similar loss happen to you in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Please specify what and when 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 Yes Policy No. ....	
Who is responsible for the damage incurred?	<input type="checkbox"/> Insured <input type="checkbox"/> Co-Insured <input type="checkbox"/> Employee <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Other <input type="checkbox"/> Unknown offender	Name and address of person who caused or is responsible for the damage

### Extent of Loss Incurred

Item No	Number [pc]	<b>Damaged, Destroyed or Lost Items</b> (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						
Total						

(In case of an extensive claim please add a separate list)

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

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

**This part of Claim Notification should be filled in and confirmed by the person who caused or is responsible for the damage.**

Full name and address (name and registered office) of person who caused the damage.			
Are you aware of the fact that you are responsible for the damage?	<input type="checkbox"/> No	<input type="checkbox"/> - Why? Yes	
In your opinion, what was the cause of the damage?			
<b>Do you agree with the extent of the loss incurred?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> - Why? No	
If you have concluded the liability insurance (in individuals, e.g. Household insurance), please specify the insurer and the policy number			
Insurer (name and registered office) .....			
Policy number..... Date of conclusion .....			
<p style="text-align: right;">At ..... Date.....                      Name and signature (stamp) of the responsible person</p>			