

Notification of Claim

Claim no. _____

Breakdown/Theft of Vehicle

Dear Client

Unfortunately, you had to break off your journey. Please carefully fill out this notice of damage and enclose the following documents:

- Booking confirmation from organiser/operator
- Detailed list of expenses/claims
- Non-refundable travelling documents
- Original receipts
- Original bills (garage, hotels, etc.)
- Insurance policy/card (copy)
- Membership card (copy)

If you are not able to answer a question, please note the reason why.

Questions concerning the policy holder (person entitled to claim)

Name: _____

First name: _____

Date of birth: _____

Street/no.: _____

Zip code/city: _____

Phone (day time): _____

E-mail address: _____

Account Number (IBAN): _____

Bank Code (BIC/SWIFT): _____

Name and address of the bank: _____

Questions concerning the vehicle

Name of vehicle owner: _____

First name: _____

Date of birth: _____

Which is the relation to the policy holder? _____

1. Number plate: _____

2. Brand: _____

Type: _____

3. Chassis/Type no.: _____

4. Date of initial start-up of the vehicle: _____

Time value: _____

5. Total weight licensed: _____

6. Maximum number of passengers licensed: _____

Questions concerning the insurance

7. Date of purchase of policy or payment of premium: _____

8. Validity of insurance _____

from: _____

until: _____

9. Who arranged/concluded the insurance? _____

10. Membership no.: _____

11. Insurance policy/membership card no.: _____

12. Do other insurances exist for this incident? yes no
13. If yes, which ones? _____
14. Has reimbursement already taken place or been applied for through another party? yes no
15. If yes, through whom? _____

Questions concerning the interrupted, extended journey

16. Destination: _____
17. Planned arrival: _____
18. Planned stay _____ from: _____ until: _____
19. Date of the initially planned return journey: _____
20. Date of the extra return journey to place of residence: _____
21. Was our emergency line contacted? yes no
22. If not, please give reasons: _____
23. Did our emergency line agree on the measures taken? yes no
24. If yes, who and when? Name: _____ Date: _____

Questions about the incident

25. Was this a:
- Breakdown Theft Damage Destruction Accident
- Others: _____
26. Date of incident: _____ Time: _____ Place: _____
27. Did the vehicle have to be towed? yes no
28. Did the vehicle have to be salvaged? yes no
29. In your opinion, to which cause can the damage be put down?

30. Exact description of the circumstances:

31. Did you call the police? yes no
32. If not, please give reasons: _____
33. Was it possible to repair the vehicle on the spot? yes no
34. If yes, within what time period? _____
35. If not, why not? _____
36. Why could you not wait for the repair?

EUROPÄISCHE will be released from the duty of payment if, after the event of damage, the insured person tries to deceive EUROPÄISCHE regarding circumstances that are relevant to the reason or the amount of the payment.

I authorize all insurers to give EUROPÄISCHE Reiseversicherungs AG all necessary information about previous or currently existing contracts and damages; furthermore, I hereby release the guarantors from their legal duty of confidentiality.

Place and Date

Signature of the insured person or his/her legal representative