

# 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