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| Fire, explosion | Lightning | Storm/hail |
| Burglary | Robbery, vandalism | Tap water |
| Glass breakage | Flood |  |
| Other elemental damage (earthquake, land subsidence, landslide, snow load, avalanche, volcanic eruption) | | |
| Other: | | |

**- Please complete in full -**

**Since your information is intended for and is being provided to the Insurer, please note that incorrect information could endanger insurance coverage.**

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| **Insurer:** |  |
| **Insurance certificate no.** |  |
| **SCHUNCK policy number:** |  |
| Claim no. (if known) |  |

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| **Policyholder:** |  |
| **Customer number:** |  |
| Contact person (for inquiries about the claim) |  |
| Address: |  |
| Telephone/fax/email: |  |

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| This is a first notice | | | | | |
| The claim was previously reported | by telephone | in writing | by fax | by email | on |

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| **General claim data** | | |
| Date of loss: |  | |
| Time: |  | |
| Discovered on: |  | |
| Place of loss (please provide address with postal code) |  | |
| Police record | No  Yes, on | |
| Police station: |  |
| Criminal police reference number: |  |
| Public prosecutor file ref.: |  |
| Expected amount of loss? | Property damage: | EUR |
| Business interruption losses: | EUR |
| Are you entitled to deduct input tax? | No  Yes, at      % | |

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| **Cause of loss** | | |
| Short, clear description of the cause of the loss and all important circumstances. Please also provide information on items and building/storeys/rooms/building sections affected by the loss. Please use a separate sheet of paper, if necessary. | | |
| **Loss** | | |
| Who is the owner of the items affected by the loss/the building? |  | |
| Does other insurance coverage exist for the items affected by the loss? | No | Yes, type |
| Name and address of the company: | |
| Insurance certificate no.: | |
| Have claims already been filed there? | No  Yes (please include copies of correspondence) | |
| Was the floor covering affected? | No  Yes | |
| Type of floor covering? | Carpet  PVS/linoleum  other: | |
| How was it laid? | Loose  Glued  Tensioned | |
| What is underneath? | Screed/concrete  PVS/linoleum  Floorboards/parquet | |
| Who installed the floor covering? | Building owner  Tenant  Previous tenant  Policyholder | |
| When can the loss be inspected? |  | |
| If applicable, who caused the loss? (Name and address) |  | |
| What personal or business relationship exists with you? |  | |
| Does the person causing the loss have liability insurance? | No  Yes, with:  Insurance certificate no.: | |
| How is the loss being remedied? Please also indicate the type of repairs. |  | |
| Who is remedying the loss? (Please provide exact address) |  | |
| Expected length of repairs: |  | |
| Had loss mitigation measures been taken when the loss occurred? | No  Yes, what? | |
| Were the insured rooms unused/unoccupied at the time of the loss? | No  Yes, since:  Reason: | |

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| **For fire damage only (fire, explosion)** | |
| What was the cause of the loss? | Fire  Explosion  Arson  Spontaneous ignition  Fire-hazardous work  Human misconduct  Electricity (e.g. short circuit)  Overheating  Open fire (e.g. candles) |
| Were extinguishing measures necessary? | No  Yes, specifically |
| Size of the damaged area/number of rooms affected/damaged/destroyed items |  |

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| **For lightning only** | |
| Where did the lightning strike? | On the insured property  In the neighbouring area |
| What traces did the lightning leave behind?  Please keep replaced/damaged parts until claim has been completed. | Blown out electrical wiring  Blown out electrical sockets  Cracks in masonry  Soot marks on electrical sockets  Damage to chimney  Beading on antenna |

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| **For glass damage only** | |
| Type of damage | Splintering/conchoidal fracture  Surface damage  Breakage (hole/crack)  Fogging of insulated glazing Other: |
| What was the cause of the loss? | Carelessness/own fault  Burglary  Fire/explosion  Storm, hail  Draught  Third-party fault  Other: |
| What type of glass was damaged? | Single pane  Plastic pane  Single-pane safety glass  Multi-pane insulated glazing  Laminated safety glass  Cast/ornamental glass  Wired glass  Glass block  Ceramic hob  Mirror |
| What kind of pane glass was damaged? | Window  Shop window  Skylight  Dome skylight  Door  Partition wall  Ceiling  Cupboard  Display case  Counter  Tabletop  Wall/column covering  Railing (balcony/stairway)  Other: |
| Was emergency glass repair necessary? | No  Yes |
| What were the dimensions of the pane affected by the loss? |  |

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| **For tap water only** | |
| Where did the water leak occur? | Cold water pipe  Radiator  Valve, tap, etc.  Hot water pipe  Wastewater pipe  Rainwater downpipe  Sanitary facilities  Other: |
| What was the cause of the loss? | Frost  Pipe break  Blockage  Leak  Overflow  Other: |
| Was the building heated? | No  Yes |
| Is the location of the damage outside the building? | No  Yes |
| Is the location of the damage outside the insured property? | No  Yes |
| Was screed affected by the damage (please indicate square metres) | No  Yes |
| Is drying necessary? | No  Yes |
| Size of the damaged area/number of rooms affected |  |

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| **For storm/hail only** | |
| The loss was caused by | Storm  Hail |
| Were the doors and windows closed? | No  Yes |
| What part of the building was damaged? (e.g. ceiling, roof, antenna, etc.) |  |
| Did other similar storm or hail damage occur at the same time in the immediate vicinity? | No  Yes, specifically |

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| **For elemental damage only** | |
| What was the cause of the damage? | Land subsidence  Landslide  Earthquake  Water backflow  Avalanche  Snow load  Flood |

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| **For burglary/robbery/vandalism only** | |
| Where did the perpetrator enter the building? | Entrance door  Balcony door  Patio door  Outer door to basement  Warehouse/production hall roller-door  Other (e.g. window): |
| Are there signs of the break-in? (damage to doors, locks, windows, walls, ceiling) | No  Yes, what? |
| Did the perpetrators use keys or other tools to gain entry? | Correct keys  Wrong keys  Other tools |
| How did the perpetrator obtain the correct keys? |  |
| Were cash, securities, savings account books, gold or silver items, or jewellery stolen? | No  Yes, specifically |
| Where were they and what containers were they in? (e.g. writing desk, cupboard, etc.) |  |
| Were the containers locked? Where were the keys? | No  Yes, specifically |
| How were the containers opened? |  |
| For robbery: In which way was force used against a person or the threat of danger to life and limb used? |  |
| Is the point of break-in secured now? | No  Yes |
| Please indicate the security equipment installed at the time of the loss: | None  Simple lock  Wood shutters  Cylinder (security) lock  Inside bolt  Lock with multiple tumblers  Roller shutter  Roller shutter/lockable  Bars  Alarm system |
| Was the security equipment in use? | No  Yes |

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| **For business interruption losses only** | | |
| Start of business interruption: | Working days/week: | Working days/year: |
| Expected length: | Shifts or hours/working day: | |
| What possibilities are there for loss mitigation? |  | |
| What loss mitigation measures have already been taken? |  | |

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| **Supporting records** | |
| List of losses/ costs | Included  To follow |
| Cost estimates | All included  Some included  To follow |
| Purchase invoices | All included  Some included  To follow |
| Repair invoices | All included  Some included  To follow |
| Photographs and sketches | All included  Some included  To follow |

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| **Bank information for claim payment** | |
| BIC/account number |  |
| IBAN/sort code |  |
| Financial institution |  |
| Account holder (if different) |  |

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| **Note** |
| Please note that your obligations include the following:   * The damage areas must not be changed without the Insurer's consent. If changes are unavoidable, they must be documented (e.g. with photographs). * Recognisable remains of damaged items and any items causing losses may not be disposed of without consulting the Insurer.   Please note that your obligations include the following in the case of **burglary/robbery/vandalism**:   * The local police station must be provided a detailed list of lost property without undue delay, and * the insurer must be provided a detailed list of lost, destroyed and damaged property signed by you without undue delay.   **The legal consequences described below can also take place if these obligations are not observed.** |

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| **Important information** |
| **Since your information is intended for and is also being submitted to the Insurer, please note the following:**  **Notification in accordance with section 28 (4) German Insurance Contract Act (VVG ) concerning the consequences of non-observance of obligations following the insured event**  **Obligations to provide information and clarification**  Under the contractual agreements between the Policyholder and the Insurer, after an insured event has occurred the Insurer can demand that the Policyholder provide all of the information required for assessment of the insured event or determining the extent of the Insurer's obligation to provide payment (obligation to provide information) and that the Policyholder enable the Insurer to properly assess its obligation to provide payment by providing it with all information useful for clarifying the circumstances (obligation to provide clarification). The Insurer can also make reasonable demands for the Policyholder to provide it with supporting records.  **Release from obligation to provide payment**  If, contrary to the contractual agreement, the Policyholder wilfully fails to provide information, provides untruthful information, or delays providing information, or wilfully fails to provide the Insurer with requested supporting records, or delays providing such supporting records, the Policyholder loses his or her claim to insurance payments. If the Policyholder fails to observe these obligations as a result of gross negligence, although the Policyholder does not lose his or her full claim, the Insurer can reduce its payments in relation to the severity of the negligence attributable to the Policyholder and can fully eliminate the payments in especially grievous cases of negligence (reduction to zero). A reduction is not made if the Policyholder proves that the failure to observe the obligations was not the result of gross negligence.  In spite of non-observance of the obligations to provide information, clarification and supporting records, the Insurer continues to be obligated to provide payment if the Policyholder proves that the wilful or grossly negligent failure to observe these obligations did not have an effect on the assessment of the insured event or the assessment or extent of the Insurer's obligation to provide insurance payments.  If the Policyholder maliciously fails to observe the obligations to provide information, clarification or supporting records, the Insurer shall in all cases be released from its obligation to provide payment.  If a third party has the right to receive insurance payments instead of the Policyholder, this third party is also obligated to provide information, clarification and supporting records.  The Insurer is authorised to inspect documents held by the authorities concerning the loss. The claims data will be stored electronically and provided by the Insurer to co-insurers, reinsurers and professional associations when necessary. The addresses of parties receiving the data will be provided upon request. |
| By using this form, the user consents to the collection and processing of personal data in accordance with our privacy policy (www.schunck.de/Datenschutz.aspx) and confirms the knowledge and consent of third parties affected. |

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| Place |  | Date |  | Signature and stamp of the Policyholder |