

# Property insurance claims form

Assekuranz Partner der Industrie  
Versicherungsmakler GmbH



Policy holder:		
Surname:	First Name:	Phone:
Street / Post office box:		Fax:
Postal Code:	Place:	Email:

General details:		
Insurance company:	Insurance policy no.:	
Date of claim:	Time of damage:	Place of damage:

Damage details:	
Noted from:	Noted on:
Cause of damage:	
Description of damage:	
Damaged goods (buildings, equipment, stocks etc.):	
Expected amount of damage: €	
Responsible for the damage?	
Police notification:           no           yes, on:	Department:
	Incident / log no.:

Bank details for transfer of insurance payments ?		
Account holder:	Bank code:	Account no.:
Institute:	Are you entitled to deduct input tax concerning tax laws ?    yes    no	

Declaration:
<p><b>I declare by signing below that all the questions in this claims form have been answered fully and correctly.</b> We wish to bring your attention to the fact that any information supplied that is knowingly false or incomplete may lead to loss the insurance cover, even when the insurer is not put to any disadvantage as a result of the information supplied.</p>

Date: \_\_\_\_\_ Signature of the policy holder: \_\_\_\_\_