

Damage report

Please read the information in the terms and conditions ("What you should note in the event of a claim") carefully. If you no longer have these, they can be requested from us or your agent. In order to enable claims to be processed quickly, we ask you to answer the following questions in full. We would like to inform you that you are obliged to answer the questions completely and correctly (please also read the declaration at the end of the claim notification).

Policyholder (VN):

Surname

First name

Email

Phone (VN)

Tel. contact person

Number of the insurance policy

Loss location

Date of damage Time of damage Determination of damage on Report the damage on (When and to whom?)

Are there any third-party rights to the insured object? Yes No

If yes, please provide details (sheet if necessary)

Are you entitled to deduct input tax? Yes No

In your opinion, did this damage result in claims against third parties? Yes No

e.g. liability/recourse claims due to damage by third parties or improperly performed work, etc. If yes, please give details, enclose supplementary sheet if necessary.

Is the insured object in question also insured elsewhere? Yes No

If yes, please provide details on the enclosed sheet (object, address of the insurance company, insurance policy number)

Amount of damage

Exact amount of damage €

estimated up to: € 1.000 € 3.000 € 5.000 €10.000 € 20.000 larger, approx €

If the amount of damage differs significantly from the estimate please inform us immediately

Building/house contents damage (incl. art and valuables)

Have the police / fire department / lost and found office been notified?

Yes No

(Only to be completed in the event of damage caused by: fire, theft or loss)

If yes, please give details (time and date, address and telephone number of the office)

When was the last time you at the loss location or in the insured building/apartment?

(We may need this to narrow down the time of damage)

At the time of damage before the _____ after the _____

Extent of damage to the building

What was damaged (e.g. walls, ceilings, floor, built-in furniture, other building components, etc.)?

Owner of the building: _____

Year of construction of the building: _____

Last renovation of the rooms affected by the damage: Estimated cost _____

of repairing the damage to the building: _____

Extent of damage to household contents

What was damaged (all damaged, destroyed or lost items) Submit the corresponding cost estimates/invoices for the repair costs.

Quantity	Object (Owner, if different from VN)	New value in€ + Month / year of purchase	Current value in€ on the date of loss	Repair costs € on the date of loss	What compensation are you asking?

Previous damage

Have you or another person whose property is affected by the damage suffered damage in the past?

Yes No

If yes, please give details (object, time, type and amount of damage. Did you have insurance cover at the time?

Address of the insurance company, insurance policy number)

Describe the exact circumstances of the damage or loss

What happened? How and what was damaged/stolen? How and why did the damage occur? Please describe the damage in as much detail as possible - attach a supplementary sheet if necessary.

Please submit appropriate evidence (e.g. photos, cost estimates/invoices and, if necessary, expert opinions).

Loss minimization

What was done to minimize the damage (e.g. immediate action, police, lost property office) - enclose supplementary sheet if necessary.

Instruction on duties and obligations (please read carefully)

I have been instructed that I am obliged to answer all questions required by the insurer for the assessment of the claim fully and truthfully and, in addition, to provide all information that could be of significance for the insurer's obligation to pay benefits. I assume full responsibility for the correctness and completeness of my information, even if another person has completed the claim form. I am aware that I may lose insurance cover if I deliberately incomplete or incorrect information, even if the insurer suffers no disadvantage as a result.

Account holder Confirmation with the name of the policyholder and IBAN/BIC as a copy to be submitted as well

I agree the privacy policy of Iberia Versicherungsmakler, SL, for more information www.iberiaversicherungsmakler.com/datenschutz

Date, place

Signature