

Notice of claim

Please carefully read the information in the policy conditions ("What you should observe in the event of damage"). If you no longer have these, you can request them from us or your broker. In order to ensure that claims can be processed quickly, we ask you to answer the following questions as best you can. We would like to inform you that you are obliged to answer the questions completely and correctly (please also read the explanation at the end of the notice of claim).

Policyholder (PH):			
Name	Number of the insurance policy		
First name			
Email	Damage location		
Phone (PH)			
PH contact person			
Date of damage			
Time of damage			
Determination of the damage			
Notification of damage (When and to whom?)			
(When and to Whom.)			
Are there any third party rights to the subject matter of the lf yes, please provide details, if necessary enclose supplementary sheet			
Are you entitled to deduct input tax? Yes No			
In your opinion, have claims against third parties arisen fro e.g. liability/recourse claims due to damage caused to third parties or If yes, please provide details, if necessary enclose supplementary shee	r improper work carried out, etc.		
Is the subject of the insurance in question also insured else If yes, please provide details on the supplementary sheet (subject ma			
Amount of damage	Evact damage amount - F		
Amount of damage	Exact damage amount €		
estimated up to: \bigcirc \in 1.000 \bigcirc \in 3.000 \bigcirc \in 5.000	€10.000 € 20.000 larger, approx. €		
Should the amount of damage deviate significantly from the estimat	e, please inform us immediately.		



Damage to buildings/household goods (incl. art and valuables)

Has the police / fire brigade / lost property office been informed? (To be completed only in case of damage caused by: fire, theft or loss) If yes, please give details (time and date, address and telephone number of the service)						
When did you last stay at the place of loss or in the insured building/apartment? (We need this information to limit the time of loss if necessary) At time of damage before damage after damage after damage						
Extent of damage to household effects What was damaged (e.g. walls, ceilings, flooring, built-in furniture, other building components, etc.)? Owner of the building: Year of construction: Last renovation of the rooms affected by the damage:						
Scope of damage to building damage What has been damaged (list all damaged, destroyed or lost items). Submit the appropriate cost estimates/invoices to the repair costs.						
Nº	ltem (owner, if different from PH)	New value in € + month / year of purchase	Current value in € on the day of loss	Repair costs in € on the day of loss	What compensation do you claim?	



Previous damage Have you or any other person whose property is affected by the damage previously suffered any damage? Yes No If yes, please provide details (subject, time, nature and amount of damage). Was there 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 could the damage occur? Please describe the damage in as much detail as possible - enclose a supplement if necessary.				
Please submit the relevant documentation (e.g. photos, cost estimates/invoices and, if necessary, expert opinions).				
Mitigation of damage What has been done to minimise the damage (e.g. immediate action, police, lost property office) - enclose a supplement if necessary.				
Indemnity In the event of compensation, transfer to:				
Account holder Financial institution				
Account no: Sort code Account number: Submit confirmation with name of policyholder and IBAN/BIC as copy				
Instructions on duties and obligations (Please read carefully) I have been instructed that I am obliged to answer all questions the insurer may have for the assessment of the claim completely and truthfully and, in addition, to provide all information which could be of significance for the insurer's obligation to indemnify. I assume full responsibility for the accuracy and completeness of my information, even if another person has completed the damage report. I am aware that I may lose my insurance cover if I deliberately provide incomplete or incorrect information, even if the insurer does not suffer any disadvantage as a result.				
I agree with the privacy policy of Iberia Insurance Brokers, for further details, see www.iberiainsurancebrokers.co.uk/privacy-policy				
Date, place Signature				