

Liability claim form Use the tab key to move to the next text field or click on the field with the cursor.

Policy number/claims number	
Claim form was completed by	

# Policyholder's details

First name and surname, title, company or trading name of insuree		
Address		
Date of birth (day, month, year)	Phone number	
Email address		

# Incident details



## Witness

If there are several witnesses, please use the additional field below

First name and surname, title, company or trading name of insuree		
Address		
Date of birth (day, month, year)	Phone number	
Email address		

Additional field: witness

**Injured person** For more than one person, please use the additional field below

First name and surname, title, company or trading name of insuree		
Address		
Date of birth (day, month, year)	Phone number	
Email address		
Damage and/or injury details		
Additional field: injured person		



### **Damaged property Owner**

In case of multiple damaged items please use the additional field below

Damaged property		
First name and summary title, some any or	tending name of incluse	
First name and surname, title, company or trading name of insuree		
Address of the owner		
Date of birth (day, month, year)	Phone number	
Email address		

Additional field: damaged property

### **General questions**

Does insurance cover exist for this event with other companies?		
If yes, with which company, class, policy number?		
Is it an occupational accident?	🗌 no 🔄 yes	
Are you related to the injured party?	🗌 no 🗌 yes	
	If yes, in what degree of relationship?	
Did you rent, borrow or keep the damaged item?	no yes	
Did you perform any activity on or with the damaged object?		

I have answered the questions in the notification of claim truthfully and to the best of my knowledge. I authorise TIROLER VERSICHERUNG V.a.G. and its representatives to carry out all necessary investigations in this matter of loss, to inspect the file relating to the loss (administrative criminal file, official file) and to make copies thereof.

Place, date

Signature of the person responsible for the event

Signature of the policyholder/company signature

Please send us the completed and signed form by post or by e-mail (schaden@tiroler.at). Thank you very much.