

Property damage claim form

| 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 (c | lay/month/year) | Phone number | |
| Email address | | | |
| Insured item | | | |
| Building | Household goods | Business inventory | Business interruption |
| Division | | | |
| | , explosion torm, hail, snow pressure, rock fall/i special (flood, mudslide, avalanche | | |
| Other | | | |
| Incident details | | | |
| Date and time o | | | |
| Where did the e | event occur? | | |
| Has the claim t | peen officially recorded? | no 🗌 no | ☐ yes |
| If yes, from who | om? Re | ference number: | |
| Damage and / | or injury details (possibly with a sketch) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Who caused th | e damage? | | |
| Estimated amo | ount of damage in EUR | | |



General questions

| Are the items affected by the damage insured elsewhere? | 🗌 no | ☐ yes |
|---|------|-------|
| If yes, with which company, class, policy number? | | |
| Who is the owner or administrator of the building? | | |

Affected by the damage For additional information please use the additional field below.

| Item (manufacturer / type) | |
|---|--------|
| Acquisition price | Age |
| Replacement costs | |
| Damage photos available | |
| Do all of the affected items belong to you? | no yes |
| If no, who is the owner? | |
| Where can the damaged parts be inspected? | |
| Additional field: Affected by damage | |
| | |
| | |

Burglary/Theft

| How did the perpetrator(s) enter the insured premises? | | |
|---|------|-------|
| How were the premises locked up? | | |
| Where the insured premises unoccupied? If yes, since when? | no | ☐ yes |
| From which containers were things stolen (furniture, cash registers, etc.)? | | |
| Were these locked? | 🗌 no | ☐ yes |

In case of bicycle theft

| How was the bike locked? | |
|--------------------------|--|
| Where was the bicycle? | |



🗌 yes

no

Mains water

| 🗌 unused | unatter | nded |
|----------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | 🗌 no | 🗌 yes |
| | | |
| | | |
| | | |
| | no | ves |
| | | no |

Special questions

Is the purchase invoice available?

| Are you entitled to deduct input tax for this claim? | 🗌 no 🛛 yes |
|--|----------------------------|
| Possibility to visit (date, place, telephone) | |
| | |
| Has a repair order already been placed? | 🗌 no 🔄 yes |
| If yes (company or trading name, address, phone) | |
| | |
| Which method of execution is desired? | |
| Invoice settlement | compensation/repair charge |
| Account holder | Financial institute |
| | |
| IBAN | BIC / SWIFT |

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 policyholder/ company signature