

Liability Insurance Claim Form

Details about insured

Policy no./registration no.

**Surname, first
 name/company**

Address/post code/town

Tel./fax

e-mail/contact

Name/address of bank

Account no./clearing no.

What exactly has happened?

Date/time of incident

**Incident location (precise specifica-
 tion of town, road, building etc.)**

**How did the damage occur? (precise
 description, small sketch if appro-
 priate)**

Is anyone at fault?

Yes who? How?

No

Witnesses (names and addresses)?

**Has a police report been created or
 has any other official investigation
 taken place?**

Yes by which agency?

No

Who was injured? (please complete in the event of personal injuries)

Surname/first name

Address (road, post code, town)

Nature of injury

Attending physician or hospital

Is accident insurance cover available (e.g. private, accident insurance act, UVG)? Yes with whom? No

What was damaged? (please complete in the event of material damage)

Which objects are involved?

Who owns them? Name?

Address (road, post code, town)

What is the nature of the damage?

Where can the objects be viewed?

What is the estimated damage? Who performed the valuation?

Other questions

Are you or the party causing the damage related or married to the injured/harmed party or does the injured/harmed party co-habit with you?

Yes Degree of relationship? No

Is the injured/harmed party employed by you?

Yes No

Have claims for damages been submitted?

Yes by whom? No

Information, declaration and signature of the insured

We herewith remind you that we will process your data to examine the asserted claims and will also obtain declarations from third parties (e.g. official agencies, involved parties).

Chubb is entitled to process the data resulting from the claim and to pass this on to the extent necessary to co- and reinsurers, official agencies and other participants and to obtain information from the any of the latter. This authorisation applies independently of the acceptance of the claim by Chubb. Data processing by Chubb is conducted according to the principles of the Data Protection Act.

The signatory releases hospitals, physicians, official agencies and other participants from their duty of -confidentiality with respect to Chubb and issues them authorisation to release to Chubb or its medical service all information required in connection with the claim.

The signatory authorises Chubb in the event of a recourse to a liable third party or his liability insurer to pass on to Chubb the data required for assertion of the claim for recourse.

Place and date

Company stamp / Signature(s)

Send form



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