Claim notification form

Personal liability / Buildings liability

This form must be completed by the insured person or the insured person's legal representative. All relevant questions must be answered in full, and the signed form must then be returned promptly to the address at the bottom of the page. If you have any questions, please contact the Contact Center: 0844 277 888. Thank you.

Client number

1 General information

1.1 Insured person

First name

Surname

Date of birth

Street, house number

Postcode/town

1.2 Contact

Home phone

Mobile phone

Business phone

What is the best time to reach you?

Where? ☐ Home ☐ Mobile ☐ Business

Email

2 Information on the loss event

2.1 Date/place of loss/damage

Date

Time

Street, house number

Postcode/town

2.2 Cause of damage/course of events

2.3 Who caused the damage/loss?

First name | Surname | Date of birth

Street, house number | Postcode/town

Home phone | Mobile phone | Business phone

What is the best time to reach you? | Email

Where? ☐ Home ☐ Mobile ☐ Business

Occupation | Employer

2.4 Is any other person partly to blame? ☐ Yes ☐ No

If yes, who?

First name | Surname | Date of birth

Street, house number | Postcode/town

3 Notification of police

3.1 Person who notified police

First name | Surname

Street, house number | Postcode/town

Date reported | Police station | Police officer

3.2 Police report drawn up? ☐ Yes ☐ No

3.3 1st witness

First name | Surname | Phone

Street, house number | Postcode / town

Please list additional witnesses on a separate sheet of paper.

4 Third-party property damage

4.1 Injured party (owner of an object / a building)

First name | Surname | Date of birth

Street, house number | Postcode/town

Home phone | Mobile phone | Business phone

What is the best time to reach you? | Email

Where? ☐ Home ☐ Mobile ☐ Business

Damage / loss

Nature of damage/loss

Age of object | Place of inspection | Loss amount

Are the items named above covered by any other insurance policies?

☐ Partial cover ☐ Fully comprehensive ☐ Fire ☐ Theft

☐ Glass breakage ☐ Water damage ☐ Valuables ☐ Liability

☐ Other, which

With which insurance company? | Policy no. / claim no. | Was the case notified to them? ☐ Yes ☐ No

With which insurance company? | Policy no. / claim no. | Was the case notified to them? ☐ Yes ☐ No

Please list additional injured parties on a separate sheet of paper.

5 Damage to rental property by tenant

5.1 Lease term (Please enclose record of handover)

Date lease begins | Date lease ends | Date of last renovation

6 Injured persons

6.1 Injured person

First name | Surname | Date of birth

Street, house number | Postcode/town

Home phone | Mobile phone | Business phone

What is the best time to reach you? | Email

Where? ☐ Home ☐ Mobile ☐ Business

Occupation | Employer

Injury

Nature of injury

Attending doctor/hospital

First name | Surname

Hospital

Street, house number | Postcode/town

Where is the injured person insured against accident?

Name of insurance company | Policy no./claim no.

Please list additional injured parties on a separate sheet of paper.

7 Claims for damages

7.1 Have any claims for damages been made against you? ☐ Yes ☐ No

If yes, by whom?

First name | Surname

Street, house number | Postcode/town

8 Supplementary question

8.1 Do you live with the injured person in the same household? ☐ Yes ☐ No

8.2 Are you related to the injured person? ☐ Yes ☐ No

9 Payment to

9.1 Name and address of the recipient

First name | Surname

Street, house number | Postcode/town

9.2 Account details of the recipient

IBAN | Name of financial institution

10 Confirmation

10.1 I/We have legal protection insurance ☐ Yes ☐ No

If yes, with which company?

Name of insurance company | Policy no./claim no.

Comments

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

No claims of any kind may be recognised without the permission of CSS Insurance.

By signing the claim notification form, the undersigned authorises CSS Insurance to share information and obtain such at any time from doctors, other service providers, social and private insurers and authorities, and its company doctors and medical advisors to the extent necessary to assess the insurance cover while respecting statutory provisions on data protection. In such cases, all parties involved are released from the obligation to maintain professional secrecy or patient confidentiality with respect to CSS Insurance.

The undersigned person is entitled to request information about the data pertaining to him or her that is being processed. Consent to the processing of data may be revoked at any time.

Legal entity for basic insurance (KVG): CSS Kranken-Versicherung AG, legal entity for supplementary insurance (VVG): CSS Versicherung AG

Place

Date

Signature of the insured person or his or her legal representative

Please return to:
CSS Versicherung
Special Insurance Competence Center
P. O. Box 2568
6002 Lucerne

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