

# Claim notification form

## Household contents / Buildings

This form must be completed by the insured person or the insured person's legal representative. All applicable 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 Line of business

- Fire damage     
  Damage by natural forces     
  Theft  
 Water damage     
  Glass breakage

### 2 General information

#### 2.1 Insured person

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street, house number	Postcode / town	
<input type="text"/>	<input type="text"/>	

#### 2.2 Contact

Home phone	Mobile phone	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
What is the best time to reach you?	Email	
<input type="text"/>	<input type="text"/>	
Where?	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business	

### 3 Information on the loss event

#### 3.1 Date / place of loss / damage

Date	Time
<input type="text"/>	<input type="text"/>
Street, house number	Postcode / town
<input type="text"/>	<input type="text"/>

#### 3.2 Owner of the stolen / damaged items

First name	Surname
<input type="text"/>	<input type="text"/>
Street, house number	Postcode / town
<input type="text"/>	<input type="text"/>

**3.3 Cause of damage / course of events**

**3.4 How high do you estimate the damage / loss?**

CHF

**3.5 Who caused the damage / loss?**

First name

Surname

Street, house number

Postcode / town

**3.6 Is there liability insurance in place?**  Yes  No

If so, with which insurance company?

Name of insurance company

Policy no. / claim no.

**3.7 Objects**

**Damaged or stolen items (Please enclose original purchase receipts)**

Object

Purchased from

Date of purchase

Replacement value /  
Cost of repair

In accordance with separate list

**3.8 Damage to buildings**

Parts of building affected

Repair company / Address / Phone no.

Estimate of loss amount / Quotations

In accordance with separate list

Year in which building constructed

**3.9 Bicycle (Please enclose original purchase receipts)**

Gents / ladies bike

Childrens bike

Was the bike locked?  Yes  No

Make

Model

Frame number

Number of gears

Year bought

Current sale price

**4 Notification of police**

**4.1 Person who notified police**

First name

Surname

Street, house number

Postcode / town

Date reported

Police station

Police officer

**5 Payment to**

**5.1 Name and address of the recipient**

First name

Surname

Street, house number

Postcode / town

**5.2 Account details of the recipient**

IBAN

Name of financial institution

**6 Additional information (to be completed in every case)**

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

Yes  No

Partial cover / fully comprehensive

Insurance company

Policy no.

Household contents / business

Valuables

Buildings

Other

I do not know whether there is other insurance in place for the above damage / loss

There is no other insurance in place

# Comments

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

By signing the claim notification form, the undersigned person authorises CSS Insurance to share information and to 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 the 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