DR.WALTER > - >

Notice of claim – Liability insurance					
Policy holder		Policy number			
Insured person		roncy number			
When and where did the event of damage take place?					
Date	Time	Place			
Who caused the damage?					
Name					
Address					
On what grounds is the responsible party accused of having caused the damage?					
Who is the injured party/claimant?					
Name					
Address					
How did the damage take place? (please state details of the event)					
Are there any witnesses to the event of damage? (name, profession, address)					
Was the incident registered by the police?					
Yes No	Police station	Reference number			
Have any administrative fine/criminal proceedings been initiated against you, a family member or an employee?					
Yes No	If yes, against whom?				
Which measures were taken?					
Did the injured party cause the damage in whole or in part himself/herself?					
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Dr. Walter GmbH, Eisenerzstrasse 34, 53819 Neunkirchen-Seelscheid, Germany T +49
(0)2247 9194-0, F +49
(0)2247 9194-20, info@dr-walter.com

Is another person also responsible?					
Yes	No	If yes, who?	Why?		
Is the injured party a member of your family or are you related to the injured party?					
Yes	No	If yes, how are your related to each other?			
Does the injured par	rty live in cohabitation v	vith the responsible party?			
Yes	□ No				
	- 1 - 1	contractual relation between responsible and in	njured party?		
		t fund what was the warm sills as while commution?			
Yes	No	If yes, what was the responsible party's occupation?			
Have any claims for compensation been made?					
Yes	No	If yes, date			
orally	in writing	Amount in €			
What reasons were given for the claims for compensation?					
	ny written document (estimate				
Who receives the co	mpensation in case of a	liability for damages?			
Account holder (first nam	e, family name)				
IBAN			BIC		
Please complete in case of property damage:					
Which property was damaged?					
Type and amount of damage?					
When was the damaged property purchased and what was the purchase price?					
Where is the damaged property?					
Who is the owner/holder of the damaged property?					
Is the damaged property covered by insurance? (fire insurance, glass insurance, water damage insurance, comprehensive insurance, etc.) Yes No					
In case of bodily injuries:					
Type of injuries?					
Marital status of the injured person?					
Where is the injured person employed?					
Important information/Signature					
The policyholder and the insured person are obliged to make a true and comprehensive statement. The company is exempt from the requirement to pay, if the policyholder or the insured person acted intentionally or grossly negligent in making incomplete or false statements or fraudulent misrepresentation. In case of false statements that were given intentionally, this legal consequence is also followed if it neither affects the stipulation or the amount of the benefits that are incumbent on the insurer. In case of a violation caused by gross negligence, the insurer is entitled to reduce the benefits in relation to the seriousness of the fault.					
Place, date Signature of the policyholder					

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