# Loss Report Form

V/6.751\_/v: 0.432

#### Liability Insurance

## Policy holder

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Policyholder |  | | | |
| Person to contact |  | | | |
| Street |  | | | |
| Postcode / town |  | | | |
| Telephone no. |  | VAT registered | Yes | No |
| Bank account |  | | | |
| Bank/branch |  | | | |
| Insurer |  | | | |
| Policy number |  | | | |

## Loss occurrence

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | | |
| Time: |  | | |
| Town and street |  | | |
| Was any official report made of the facts? | | Yes | No |
|  | | | |
| **If so, by whom?** | | | |
|  | | | |
|  | | | |
| **Circumstances of the loss:** | | | |
|  | | | |

Please continue on a separate sheet if necessary.

## Witnesses

|  |  |
| --- | --- |
| Full names |  |
| Tel. nos. |  |
| Address |  |

## Your opinion as to the cause of the loss

|  |  |  |
| --- | --- | --- |
|  | Defective material, defective installations | |
| 🡪 Reasons: | |  |
|  | Negligence/error by you, members of your family or your employees | |
| 🡪 Reasons: | |  |
|  | Negligence/error by the injured party or a third party | |
| 🡪 Reasons: | |  |

## Injury to or death of persons

|  |  |  |
| --- | --- | --- |
| **1) Injured party: Full name** |  | **2) Injured party: Full name** |
|  |  |  |
|  |  |  |
| Address, tel. no. |  | Address, tel. no. |
|  |  |  |
|  |  |  |
| Occupation/employed as |  | Occupation/employed as |
|  |  |  |
|  |  |  |
| Employer |  | Employer |
|  |  |  |
|  |  |  |
| Date of birth, marital status |  | Date of birth, marital status |
|  |  |  |
|  |  |  |
| Nature of injuries? |  | Nature of injuries? |
|  |  |  |
|  |  |  |
| Full name of doctor who first provided assistance |  | Full name of doctor who first provided assistance |
|  |  |  |
|  |  |  |
| Unfit for work since / Degree |  | Unfit for work since / Degree |
|  |  |  |
|  |  |  |
| With which company/health insurance fund is the injured person insured against accidents? |  | With which company/health insurance fund is the injured person insured against accidents? |
|  |  |  |

## Damage to or destruction of third party property (including injury to animals)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1) Injured party: Full name** | | |  | **2) Injured party: Full name** | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Address, tel. no. | | |  | Address, tel. no. | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Is the injured party related to you or the person who caused the loss? | | |  | Is the injured party related to you or the person who caused the loss? | | |
|  | | |  |  | | |
|  | | |  |  | | |
| What has been damaged and what is the nature of the damage (in the case of motor vehicles: make, type, registration number, serial number)? | | |  | What has been damaged and what is the nature of the damage (in the case of motor vehicles: make, type, registration number, serial number)? | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Can the damaged property be repaired? | | |  | Can the damaged property be repaired? | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Location of the damaged property | | |  | Location of the damaged property | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Approximate amount of damage (estimate) | | |  | Approximate amount of damage (estimate) | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Have claims already been made against you? If so, by whom? | | |  | Have claims already been made against you? If so, by whom? | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Is the above property covered by any other insurances? | | |  | Is the above property covered by any other insurances? | | |
| Partially comp.  Fire  Glass breakage  Machinery breakdown | | Fully comp.  Theft  Water damage  Construction |  | Partially comp.  Fire  Glass breakage  Machinery breakdown | | Fully comp.  Theft  Water damage  Construction |
| Company? |  | |  | Company? |  | |

## Additional questions about the damaging party

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | | |
| Address, tel. no. |  | | | |
| Date of birth |  | | | |
| Extent to which related / position in company |  | | | |
| Was the policyholder or insured working for the injured parties? | | Yes | | No |
| Are the injured parties related to the policyholder or to the person who caused the loss? | | Yes | | No |
| Were the injured parties working for the policyholder or to the person who caused the loss? | | Yes | | No |
| Did the loss occur whilst working as part of a joint venture or consortium? | | Yes | | No |
| **(If so, please indicate details)** | |  | |  |
|  | | | | |
|  | | | | |
| Is any other personally partly responsible for the loss occurrence? | | | Yes | No |
| **(If so, who and on what grounds?)** | | | | |
|  | | | | |

## Comments

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| --- |
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|  |

The policyholder is not permitted to accept claims without the insurance company’s prior consent. It authorises the insurance company stated on page 1 to inspect the official records (including criminal records, medical records, SUVA [Swiss accident insurers] records and the records of other accident insurers).

|  |  |
| --- | --- |
| **, 23 December 2013** | |
|  | |
| The client | |
|  |  |