# 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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|  |

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      |
|  |  |