# Loss report form

V/6.763\_/v: 0.432

#### Motor vehicle Insurance

|  |  |
| --- | --- |
| **Policyholder** |  |
| **Person to contact** |  |
| **Street** |  |
| **Postcode / town** |  |
| **Telephone no.** |  | **VAT registered** | [ ]  yes | [ ]  no |
| **Bank account** |  |
| **Bank/branch** |  |
| **Insurer** |  |
| **Policy number** |  |

## Insured vehicle

|  |  |
| --- | --- |
| Type of vehicle |  |
| Mark and Type |  |
| No. of chassis or No. of matriculation |  |
| 1st bringing into circulation |  |
| Number plate |  |
| Total mileage in kilometres |  |

## Driver of insured vehicle

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Profession |  |
| Date of birth |  |
|  |
| Does he possess | a valid driver’s licence | [ ]  yes | [ ]  no | Since when? |  |
|  |  |  |  | Class |  |
|  | a learner's license | [ ]  yes | [ ]  no |  |  |
|  |
| Attendant |  |
| Date of driver’s license |  |
|  |
| Are you related to the car driver? | [ ]  yes[ ]  no | What relation? |  |
| Is the car driver an employee of yours? | [ ]  yes[ ]  no |  |
| Did the car driver drive the vehicle with your authorisation? | [ ]  yes[ ]  no |  |  |
| Did he rent the vehicle? | [ ]  yes[ ]  no |  |  |

## Loss occurrence

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Place and street: |  |
|  |
| [ ]  out of town[ ]  in town | [ ]  dry[ ]  snow | [ ]  rain[ ]  ice | [ ]  fog[ ]  dark |
|  |
| Has an official statement of facts taken place? |  |
| [ ]  no |  |  |  |
| [ ]  yes 🡪 | If so, by whom? |
|  |  |  |  |
| Origin of loss |  |
|  | Please continue on a separate sheet if necessary. |
| Do you have legal protection insurance? | [ ]  no | [ ]  Yes, insurer? |  |
| Has the accident event been reported? | [ ]  no | [ ]  yes |  |

**Draft:**

|  |
| --- |
|  |

## Witnesses and car passengers

|  |  |
| --- | --- |
| Full name |  |
| Telephone |  |
| Address |  |

## Your point of view to the cause of loss

|  |  |  |
| --- | --- | --- |
| [ ]  | actual fault respectively the fault of the driver of your vehicle |  |
| [ ]  | Fault of the injured person or of a third person |  |

## Injury or fatal injury of persons

|  |  |  |
| --- | --- | --- |
| **1) Injured person: surname and first name** |  | **1) Injured person: surname and first name** |
|  |  |  |
|  |  |  |
| **Address, telephone no.** |  | **Address, telephone no.** |
|  |  |  |
|  |  |  |
| **Profession, respectively occupation** |  | **Profession, respectively occupation** |
|  |  |  |
|  |  |  |
| **Employer** |  | **Employer** |
|  |  |  |
|  |  |  |
| **Date of birth, civil status** |  | **Date of birth, civil status** |
|  |  |  |
|  |  |  |
| **Wherein consists the injury?** |  | **Wherein consists the injury?** |
|  |  |  |
|  |  |  |
| **Full name of the medical doctor who first initiated a treatment** |  | **Full name of the medical doctor who first initiated a treatment** |
|  |  |  |
|  |  |  |
| **Incapable of working since/ degree** |  | **Incapable of working since/ degree** |
|  |  |  |
|  |  |  |
| **Which company/health insurance firm covers the injured person against accident?** |  | **Which company/health insurance firm covers the injured person against accident?** |
|  |  |  |

## Damage or destruction of third party property (likewise damages to animals)

|  |  |  |
| --- | --- | --- |
| **1st injured party: surname and first name** |  | **2nd injured party: surname and first name** |
|  |  |  |
|  |  |  |
| **address, telephone no.** |  | **address, telephone no.** |
|  |  |  |
|  |  |  |
| **Is the injured party related to you or to the causer of damage?** |  | **Is the injured party related to you or to the causer of damage?** |
|  |  |  |
|  |  |  |
| **What kind of property has been damaged and wherein consists the damage? (for motor vehicles: number plate, no. of matriculation)?** |  | **What kind of property has been damaged and wherein consists the damage? (for motor vehicles: number plate, no. of matriculation)?** |
|  |  |  |
|  |  |  |
| **Is it possible to repair the damaged property?** |  | **Is it possible to repair the damaged property?** |
|  |  |  |
|  |  |  |
| **Location of damaged property** |  | **Location of damaged property** |
|  |  |  |
|  |  |  |
| **Anticipated amount of loss (approximation)** |  | **Anticipated amount of loss (approximation)** |
|  |  |  |
|  |  |  |
| **Did already anyone claim damages against you? If so, by whom?** |  | **Did already anyone claim damages against you? If so, by whom?** |
|  |  |  |
|  |  |  |
| **Is the above mentioned property covered by any other insurance?** |  | **Is the above mentioned property covered by any other insurance?** |
| [ ] part insurance cover[ ] fire[ ] glass breakage[ ] machinery breakdown | [ ] comprehensive cover[ ] theft[ ] water damage[ ] construction |  | [ ] part insurance cover[ ] fire[ ] glass breakage[ ] machinery breakdown | [ ] comprehensive cover[ ] theft[ ] water damage[ ] construction |
| Company? |  |  | Company? |  |

## Damage to own vehicle

(Only for comprehensive insurance)

|  |  |
| --- | --- |
| Who is going to be charged with the repair? |  |
| Telephone no. |  |
| What kinds of parts have been damaged respectively what has been stolen? |  |
| Where is it possible to inspect the vehicle? |  |
| Starting from? |  |
| Anticipated amount of loss |  |
| Date of purchase? |  |
| Purchase price? | CHF  |

## On a business-related travel with the own private car

|  |  |
| --- | --- |
| Was the fellow employee on a business-related travel | [ ] No[ ] Yes ⮧ |
| Where to? |  |
| Current motor vehicle insurance company? |  |
| Do you suffer a financial loss in car liability? (Bonus loss, deductible) | [ ] No[ ] Yes ⮧ |
| What amount?(please attach the confirmation of own insurance) | CHF  |

## Comments

|  |
| --- |
|  |

The policyholder is not allowed to accept the claims of damages without the agreement of the insurer. He accredits the insurer which is mentioned on page 1 to the inspection of the official documents (amongst others u.a. penal documents, medical documents, documents of the SUVA and other accident insurance firms). He agrees with the fact that the insurer forward the required information for the loss adjustment to third parties, notably participant insurers, and that the insurer re-quest them for required information.

|  |  |  |
| --- | --- | --- |
| Place and date: |  | Policyholder’s signature: |
|  |  |  |
|  |  |  |
| Place and date: |  | Signature of the driver of the insured vehicle |
|  |  |  |