


Claim Reference No.:

Claim Form for Camper Interior Insurance

Please complete in full.

AWP P&C S.A., Niederlassung für Deutschland
Schadenabteilung
Bahnhofstraße 16 · D - 85609 Aschheim b. München
Tel: +49.89.6 24 24-298 · Fax: +49.89.6 24 24-188
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1. Personal details:

 Please write your name in full.


<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name(s)	Surname(s)
<input type="text"/>		<input type="text"/>	
Street		Street Number	
<input type="text"/>		<input type="text"/>	
Postcode / Place		Country	
<input type="text"/>		<input type="text"/>	
Telephone / Mobile		e-mail	
<input type="text"/>		<input type="text"/>	
Date of birth			
<input type="text"/>			

2. Your bank account:

Who is entitled to receive the insurance benefit?


<input type="checkbox"/> see 1.	or other beneficiary:	<input type="text"/>	<input type="text"/>
		First name(s)	Surname(s)
<input type="text"/>		<input type="text"/>	
Name of Bank		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
IBAN		Swift- / BIC-Code	
<input type="text"/>		<input type="text"/>	


3. Details of the insurance:

 Please submit copies of your insurance certificate, the insurance confirmation with proof that the premium has been paid (receipt) and your travel confirmation.

<input type="text"/>	<input type="text"/>	
Booking / Travel agency / Operator (if available)	Insurance number (policy number, annual insurance number or credit card number)	
<input type="text"/>	<input type="text"/>	
Commencement of journey / stay	End of journey / stay	Period of insurance (days)
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Details of the camper rental company:

 Please write your name in full.

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
		First name(s)	Surname(s)
<input type="text"/>		<input type="text"/>	
Street		Street Number	
<input type="text"/>		<input type="text"/>	
Postcode / Place		Country	
<input type="text"/>		<input type="text"/>	
Telephone / Mobile *		e-mail *  * = if known	
<input type="text"/>		<input type="text"/>	
Date of birth *			
<input type="text"/>			

Are you and the person who suffered the damage related?

No Yes

If yes, how are you related?

Are you living with the party who suffered the damage?

No Yes

Was the person who suffered the damage your travel companion?

No Yes

If yes, throughout the trip?

No Yes

Or only during part of the trip?

from										till										

At which places?

5. Details of the damage:

Please explain the events leading to the damage in as much detail and as vividly as possible and enclose - if possible - photos of the damaged item. If necessary, use an additional sheet of paper.

Date of the damage

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Time

at /		between				:				o'clock		and				:				o'clock		

How did the damage occur?

What item was damaged?

Please give a brief description of the type and extent of damage:

What do you see as being your fault in the occurrence of the damage?

According to renter, was there a previously existing damage?

No Yes

If yes, how?

Did a third party cause all or part of the damage?

No Yes

If yes, who?

Mr Ms

First name(s)

Surname(s)

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Date of birth

Address

Can the item be repaired?

No Yes


How high do you estimate the property damage?

_____ €

What was the purchase price of the damaged item?

No Yes (please enclose a copy of the tenancy agreement)

6. Who did you report the damage to?

 Please submit appropriate documentation (e.g. photos).

Vermieter oder sonstige Stelle (place and address of police station, and possibly the name of contact)

Date

Time o'clock

Did anyone see the incident and / or can they testify to what happened?

No Yes

Mr Ms

First name / Surname Witness

Address

7. General information about the claim settlement:

 Please submit the written notice of the claim, bills, receipts etc. as originals.

Have claims for damages already been filed against you?
(e. g. cost estimate / repair invoice)

No Yes

If yes, when? verbally in writing

€
Amount of the claims filed

Did you acknowledge your liability for damages to the person who suffered the damage?

No Yes

Have you already made payments to the person who suffered the damage?

No Yes

€
If yes, at what amount?

Do you consent to the compensation being paid to the person(s) who suffered the damage or to a third party authorised to receive the compensation in the event of your liability for damages?

No Yes

8. Details of further insurances:

Are there any other insurances of Allianz Global Assistance / AWP P&C S.A.?

No Yes

If yes, which insurance(s)?

9. Data Protection

We process your personal data in compliance with the EU General Data Protection Regulation (GDPR), the German Federal Data Protection Act (Bundesdatenschutzgesetz, BDSG), the data protection provisions of the German Insurance Contracts Act (Versicherungsvertragsgesetz, VVG) as well as all other applicable laws. The processing of special categories of personal data – including health data – is subject to special protection. By providing us with health data in connection with your claim, you give us explicit permission to process the health data necessary for processing the claim.

10. Instructions on duty of truthfulness (Section 28 of the German Insurance Contract Act [VVG])

The above details are true and have been given to the best of my knowledge. I have noted that intentionally false or incomplete details can result in a loss of insurance benefits. If false or incomplete details are provided through gross negligence, the insurance company can reduce the insurance benefits in proportion to the degree of fault. The insurance benefits will not be reduced if I can furnish proof that false or incomplete details were not provided through gross negligence. If I furnish proof that the intentional or grossly negligent details provided were not the cause of the determination of the insured event or the determination or the scope of the insurance company's liability for insurance benefits, the insurance company shall remain obliged to pay insurance benefits. The latter restriction shall not apply if the false or incomplete details were fraudulently provided by me. In case of fraudulently provided or incomplete details, the insurance company shall be released from its obligation to pay insurance benefits in all cases.

Place / Date

Signature (Minors require the signature of a parent or guardian!)