

Claim Reference No.:

\_\_\_\_\_

## Claim Form for CDW 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  
E-Mail: sachschaden-awpde@allianz.com

### 1. Personal details (renter according to rental agreement):

Mr  Ms \_\_\_\_\_  
First name(s)

Street \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone / Mobile \_\_\_\_\_

Date of birth \_\_\_\_\_

**Please write your name in full.**

\_\_\_\_\_  
Surname(s)

Street Number \_\_\_\_\_

Place \_\_\_\_\_

e-mail \_\_\_\_\_

### 2. Bank account:

Who is entitled to receive the insurance benefit?

see 1. **beneficiary:** \_\_\_\_\_  
First name

\_\_\_\_\_  
Surname

Name of Bank \_\_\_\_\_

IBAN \_\_\_\_\_

Swift- / BIC-Code \_\_\_\_\_

### 3. Details of the insurance:

Reservation office / tour operator through which the car was reserved \_\_\_\_\_

Insurance number \_\_\_\_\_

### 4. Details of the damage:

Name and address of the car rental company at the holiday destination \_\_\_\_\_

Country and place where the damage occurred \_\_\_\_\_

Date of accident \_\_\_\_\_

Time \_\_\_\_\_ o'clock

Claim / loss amount in euros \_\_\_\_\_

**Please give a brief description of how the damage occurred:** ▶ Please enclose a sketch as far as possible and use an additional sheet of paper for this if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. 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.

### 6. 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.

### 7. Declaration of assignment: I hereby assign any claims against third parties to AWP P&C S.A. at the amount of the payments made by AWP P&C S.A.

\_\_\_\_\_  
Place / Date

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

**We require the following documents to process the claim (please request from rental car company as needed)**

- Booking confirmation for the rental car with proof of insurance cover
- Rental agreement for the rental car (report on the takeover and return of the car)
- Claim report of the car rental company with a claim statement for the repairs incurred
- Repair bill or estimate
- Photos of the damaged rented vehicle if available (these can also be sent in digital form to the e-mail address shown above!)
- Driving licence of the driver (copy)
- Proof of the actual amount debited to the credit card (copy of the credit card statement)

**Enclosed:**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |