

General Liability Claim Form

In the event of a claim, please send the completed claim form and attachments via e-mail to schaden@conzeptas.eu or to your responsible account manager.

Please note:

Loss that has already occurred is to be minimized (as far as possible) or prevented from spreading (obligation to reduce damage) in accordance with economic principles.

If possible the loss should be photographed or drafted. We recommend to contact the police in cases of bodily injury.

Please do not make any concessions or acknowledgements (e.g. confession statement) to the potential claimant (injured party). This could endanger the insurance coverage or complicate a possible defence against false claims.

Insurance Number _____

Insured's Details

Name of Insured _____

Postal Address _____

Postcode _____

Contact Name _____

Telephone No. _____

E-Mail _____

Incident Details

Date of Event: _____

Time of Incident: _____

☐ AM

☐ PM

Date reported to you: _____

Exact place of Incident: _____

Description of the Incident:

Name(s) and address(es) of any person(s) injured:

Name _____

Address _____

Details of injuries:

Name _____

Address _____

Details of injuries:

Name(s) and address(es) of owner(s) of any damaged property:

Note: any piece(s) of damaged property or other evidence of the cause should be preserved.

Name _____

Address _____

Name _____

Address _____

Name(s) and address(es) of witness(es), if any:

Name _____

Address _____

Name _____

Address _____

Was the incident due to: ☐ any individual ☐ property ☐ plant or equipment ☐ motor vehicle

Third Party Details

Name of Third Party: _____

Permanent Address: _____

Nature and extent of injuries/damage:

Have you received notice of any claim from a Third Party?
If yes, please enclose a copy with this form.

☐ yes

☐ no

Have you made any admission of liability?
If yes, please provide details.

☐ yes

☐ no

I hereby certify that the information and details given in the claim form are correct.

Data protection

We use personal data provided by the policyholder for the administration of the insurance, including the processing of claims in connection with the insurance. Further information can be found in our data protection policy at <https://www.conzeptas.eu/en/information-requirements-for-art-13-dsgvo/>. This framework data protection policy can also be requested at any time via e-mail from info@conzeptas.eu.

Place, Date

Signature of claimant