Loss Notification

Motor vehicle liability or Comprehensive insurance

In the event of a claim, please complete this questionnaire in block letters or digitally and then send it by e-mail to schaden@conzeptas.eu or to your responsible claim manager.

Policy Number _____ **Insurer** _____

Policyholder

Name _____

Street, House number _____

Postal code, Town _____

Phone number during the day _____

E-Mail _____

Claimant

Name _____

Street, House number _____

Postal code, Town _____

Phone number during the day _____

E-Mail _____

insured with _____

Policy number _____

General information on loss

Claim no. Internal _____ **claim number insurer** _____

☐ liab ☐ Partial casco Deductible: ☐ without ☐ 150 € ☐ 300 € ☐ 500 € ☐

☐ Fully comprehensive cover

loss occurance

Date _____ Time _____

Damage location

Street, House number _____

Postal code, Town _____

Banking Details for payments

IBAN-No. _____ BIC-/SWIFT-Code _____

Are you entitled to deduct input tax? ☐ ja _____ % ☐ nein

Details of the motor vehicle (Policyholder)

Type of vehicle ☐ Passenger car ☐ Truck

☐ Motor byke ☐ others:

Type _____

Km _____

Vear of manufacture _____

Official registration number _____

Name of driver _____

Driving licence class _____

date of birth driver _____

Damage to own vehicle

Estimated amount of loss in € _____

CONZEPTA S
Assekuranzmakler AG
International Insurance Broker

Details of the motor vehicle (claimant)

type of vehicle ☐ Pkw ☐ Lkw ☐ Krad ☐ other

Modell _____

Km _____

year of construction _____

official registration number _____

Name of drivers _____

date of birth driver _____

Driving licence class _____

Damage to vehicle of claimant:

estimated loss in € _____

Loss occurance

type of loss

☐ Impact ☐ Wildlife damage ☐ Rear end collision ☐ Parked vehicle hit

☐ Fire loss ☐ Burglary damage ☐ Right of way violated ☐ Breakdown

☐ Storm damage ☐ Glass damage ☐ other:

alcohol influence? ☐ yes ☐ no

Was a trailer attached to the tractor? ☐ yes ☐ no Registration number _____

Damage description

The vehicle can be in spected

Garage _____ Address _____

Phone/E-Mail _____

Police notification made ☐ yes ☐ no

Office _____ file number _____

I have answered the questions in the damage report truthfully and to the best of my knowledge.

Place, Date

Signature of poliyholder