Loss Notification
Technical insurance

CONZEPTA/S
Assekuranzmakler AG
International Insurance Broker

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.-no. _____ **Insurer** _____

Policy holder

Name _____

Street, house no. _____

Postal code , town _____

phone no. During the day _____

E-Mail _____

Damage Causer

Name _____

Street, house no. _____

Postal code, town _____

Contact person

phone no. During the day _____

E-Mail _____

General information on damage

Claim -no. _____

loss occurance

Date _____ Time _____

Location of damage

Street, house no.. _____

PLZ, Ort _____

Type of Loss

☐ Electronic ☐ Warranty ☐ Machinery ☐ Construction (CAR)

☐ Assembly ☐ Business interruption and additional costs

☐ Others:

Banking details for paymentsn

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

Are you entitled to deduct input tax? ☐ yes _____ % ☐ no

Police notification made? ☐ yes ☐ no

Office _____ File reference _____

Damaged item(s)

(please submit a list of damages and, if applicable, cost estimates) Damaged parts are to be kept until a possible inspection.

Estimated amount of loss in € _____

Cause and course of damage

(please describe in detail)

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

Place, Date

Signature of Policy holder