CONZEPTA'S
Assekuranzmakler AG
International Insurance Broker

Accident claim form

In the event of a claim, please complete this questionnaire digitally and forward it to schaden@conzeptas.eu or to your personal claims handler.

Contract no. _____

Insurer _____

Policyholder

Name _____

Street, no. _____

Post code, city _____

Phone no. _____

E-Mail _____

Insured Person

Name _____

Date of birth _____

Occupation _____

Street, no. _____

Postcode, city _____

Phone no. _____

E-Mail _____

General Information about the claim

Occurence of damage

Date _____ Time of day _____

Place of damage

Street, no. _____

Postcode, city _____

Bank details for payment

IBAN no. _____ BIC-/SWIFT-Code _____

Injured body parts and type of injury _____

_____

When was medical assistance first sought?

Date _____ Time of day _____

Name and adress of the doctor _____

_____

Inpatient hospital treatment provided? ☐ yes ☐ no

Hospital address _____

Duration of incapacity for work from _____ to _____

Has a police report been filed? ☐ yes ☐ no

Department _____ Diary number _____

Has the injured person consumed alcoholic beverages in the 12 houres prior to the accident?

☐ yes ☐ no type and quantity _____

Was a blood sample taken?

☐ yes ☐ no Result of the blood test in per mille _____

Are there previous illnesses? _____

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Cause of damage

Please describe the exact course of the damage (attach a separate sheet if necessary)

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

I am aware that the insurer will review the information I provide here to substantiate my claims, or that is contained in the documents I have submitted (e.g., certificates, attestations), or in communications from a hospital or healthcare professionals that I have initiated, in order to assess its obligation to pay benefits.

For this purpose, I release the members of the medical profession or hospitals named in the aforementioned documents or who were involved in the medical treatment from their duty of confidentiality. I also release them from their duty of confidentiality for the purpose of assessing their obligation to pay benefits in the event of my death. This release from confidentiality also applies to authorities with the exception of social security institutions; it also applies to members of other accident, health, or life insurance companies who may be asked about existing insurance policies. I also make this declaration in the event that the injured person is represented by me and is unable to assess the significance of this declaration themselves.

Data protection
We use personal data provided to us by the policyholder for the issuance and administration of the insurance, including the processing of related claims. Further information can be found in our framework data protection policy at https://www.conzeptas.eu/en/legal-information/. This framework data protection policy can also be requested at any time by emailing info@conzeptas.eu.

Place, date	Signature of the policyholder	Signature of the injured party