

Claims notification for motor vehicle insurance

Details of the loss event	Date of claim _____	Time _____	Street, postcode, town/city _____	
Description of the accident (even if a police report has been filed)	_____ _____ _____ _____			
Sketch:	_____ _____ _____ _____ _____			
Please note:	Detailed information makes it easier for us to help you. Use another sheet if there is not enough space here.			
Witnesses	Surname, first name, address _____		Home phone/mobile _____	
Police report	Yes <input type="checkbox"/> No <input type="checkbox"/>	Police station _____		
Details of the driver	Surname, first name, address _____		Date of birth _____	Home phone/mobile _____
	Valid driving license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Since (day, month, year) _____	Category _____	Was he/she authorised to drive the vehicle by the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to own vehicle	Type of damage, name/description of stolen items _____ _____		Where are the repairs being carried out? (company, address, telephone) _____ _____	
Please note:	Please report repairs to us before arranging for them to be carried out. In the event of theft, please notify the local police immediately.			
Other property damaged	Type of damage, name/description of item _____		Loss amount: approx. CHF _____	
	Aggrieved party, owner (surname, first name, address) _____		Home phone/mobile _____	
	Was the aggrieved party a passenger in the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is he/she related to the vehicle owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship _____	
Power of attorney	<p>The undersigned hereby authorizes Allianz Suisse to process the data necessary to handle the claim. If necessary, the data will be sent to third parties involved in Switzerland and abroad for further processing, particularly co-insurers, re-insurers and other insurers.</p> <p>Allianz Suisse is also authorized to obtain information from the authorities or third parties and to inspect official documents.</p> <p>In the event of recourse to a liable third party or the latter's liability insurer, the undersigned authorizes Allianz Suisse to disclose the data re-quired for exercising the recourse claim to the liable third party or the liability insurer.</p> <p>In the event of damage to a motor vehicle, the data may be transferred to SVV Solution AG for entering into the electronic CarClaims Info data-base for the purpose of combating abuse.</p> <p>Allianz Suisse is authorized to access vehicle data already entered in CarClaims Info.</p>			
	Place and date _____	Signature of lessor _____		Signature of lessee/driver _____
Please Note:	No claims may be acknowledged vis-à-vis the aggrieved party without the prior consent of the Company.			
THESE DOCUMENTS MUST BE ENCLOSED	<input type="checkbox"/> Copy of the vehicle registration papers <input type="checkbox"/> Copy of the driver's driving license <input type="checkbox"/> Handover report and if already available the return report <input type="checkbox"/> European accident protocol for claims involving third parties			