**Sympany Insurances Ltd**
Peter Merian-Weg 4, 4002 Basle
Tel. +41 58 262 45 55, Fax +41 58 262 45 99
indemnityinsurance@sympany.ch



# Claim on private and building liability insurance

## 1. Insured person

Please complete all fields

| | | | |
|---|---|---|---|
| Surname | | Policy number | |
| Name | | Date of birth | DD.MM.YYYY |
| Street/number | | Daytime tel. | |
| Post code/place | | E-mail | |

## 2. Person who caused the damage

| | | | |
|---|---|---|---|
| Surname | | Date of birth | DD.MM.YYYY |
| Name | | | |
| Street/number | | Daytime tel. | |
| PLZ/Ort | | E-mail | |

## 3. Event

Please complete all fields

| | | | |
|---|---|---|---|
| Date of event | DD.MM.YYYY | Time of event | |
| Place of event | | | |

Description of circumstances leading to the event

Do you consider yourself responsible? ☐ Partly ☐ No ☐ Yes

## 4. Police report

☐ No ☐ Yes, completed by following police station

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## 5. Witnesses

| | | | | |
|---|---|---|---|---|
| 1st witness | Surname | | Street/number | |
| | Name | | Post code/place | |
| 2nd witness | Surname | | Street/number | |
| | Name | | Post code/place | |

## 6. Injured parties

| | | | | |
|---|---|---|---|---|
| 1st injured party | Surname | | Street/number | |
| | Name | | Post code/place | |
| | Daytime tel. | | E-mail | |
| | Injuries | | | |
| Consulting doctor | Surname | | Street/number | |
| | Name | | Post code/place | |
| 2nd injured party | Surname | | Street/number | |
| | Name | | Post code/place | |
| | Daytime tel. | | E-mail | |
| | Injuries | | | |
| Consulting doctor | Surname | | Street/number | |
| | Name | | Post code/place | |

## 7. Damage caused to property owned by a third party

### Third party's damaged property

| | | | | |
|---|---|---|---|---|
| Object owner details | Surname | | Street/number | |
| | Name | | Post code/place | |
| | Object | | | |
| | Extent of damage | | | |
| | Expected costs | | | |
| | Where can the objects be inspected? | | | |
| | Surname | | Street/number | |
| | Name | | Post code/place | |



S/1003/e/06.16

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## Third party's damaged vehicle

Vehicle keeper details

Surname

Name

Street/number

Post code/place

Vehicle details

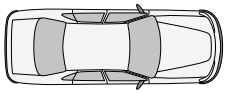
Model, type

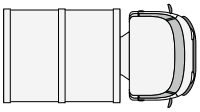
Number plate

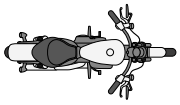
Insured with

Where and from when can the vehicle be inspected?

Please indicate where the vehicle has been damaged







Expected cost of repairs

## 8. Comments

## 9. Legal information

Please note

By his signature, the signatory grants Sympany access to files or information relating to the claim and releases cantonal authorities, insurers, etc. from their legally or contractually bound obligation to maintain confidentiality toward Sympany.

Please sign here and return by post or e-mail to the address given above

Place and date

DD.MM.YYYY

Signature