Claims notification form

Property and Technical Insurance

Note

Please send the completed and signed claims notification form to:

KESSLER & CO Inc.

Forchstrasse 95

Postfach  
CH-8032 Zürich

T +41 44 387 87 11

# Policy number

Policyholder

|  |  |  |
| --- | --- | --- |
| Name, first name / company | |  |
| Contact person | |  |
| Street, postal code / place | |  |
| Phone, Mobile, Fax | |  |
| E-mail | |  |
| Bank details for claims payment | | |
| Name and address of the bank | |  |
| Account number, clearing number | |  |
| IBAN, BIC | |  |
| Postal account | |  |
| Account holders | |  |
| Is your company eligible to VAT tax de-duction?  Yes  No | | |
| Type of insurance concerned | | |
| Has the event caused a business interruption[[1]](#footnote-1) or loss of rental income?  Yes  No | | |
| If yes: | * Company |  |
|  | * Policy number |  |

Description of claim

|  |  |  |
| --- | --- | --- |
| Date and time | |  |
| Ascertained on | |  |
| Floor / room | |  |
| Street, postal code / place | |  |
| Has an official statement of facts been made?  Yes  No | | |
| If yes: | * Who notified the police? |  |
|  | * Date of notification |  |
|  | * Police station |  |
|  | * Police officer |  |
|  | * Phone number |  |
| Cause of loss  (please fill in and attach statements, sketches or photos, even if a police report has already been filed) | | |
| Is someone liable for the damage?  Yes  No | | |
| If yes: | * Who? |  |
|  | * Are there any witnesses? |  |
| Do other insurances exist?  Yes  No | | |
| If yes: | * Insurance company |  |
|  | * Policy number |  |

Questions concerning fire (lightning, elementary) and water damage insurance

|  |
| --- |
| Was the fire-brigade alerted?  Yes  No |
| Which salvage precautions or other immediate measures have been taken in order to reduce the los? |
| Where can damaged property be inspected? |

Questions concerning burglary / robbery insurance

|  |  |  |
| --- | --- | --- |
| Were the stolen goods locked away?  Yes  No | | |
| If yes: | * Description of the container / safe |  |
|  | * How did the thief gain access to the location concerned |  |

General questions concerning technical insurance[[2]](#footnote-2)

|  |  |
| --- | --- |
| Name and address of liable person[[3]](#footnote-3) |  |
| Who was in charge of / entrusted with the damaged goods at the time of the damage? |  |
| The damage occurred at / by: |  |

Additional information concerning machinery breakdown / collision, EDP or other technical insurance

|  |  |  |
| --- | --- | --- |
| Object | |  |
| Position in the policy | |  |
| Date of purchase | |  |
| Purchase price CHF | |  |
| Condition at purchase | |  |
| Today’s original price in CHF | |  |
| Supplier | |  |
| Has the warranty expired? | | Yes  No |
| If Yes: | * When? |  |
| Is there a maintenance agreement? | | Yes  No |
| If Yes: | * With whom? |  |
| Last revision date: | |  |
| Conducted by whom? | |  |

Additional information concerning construction and erection insurance

|  |  |
| --- | --- |
| Start of construction / erection |  |
| Location |  |
| Supervision |  |
| Principal |  |
| Construction / erection value in CHF |  |
| Only construction insurance | |
| What was damaged? |  |
| Will there be any alterations or enhancements to concept / design, implementation or construction material during the repair / restoration?  Yes  No | |

Comments

Consent

The undersigned authorizes the insurance company to obtain any information regarding the claim from other insured’s or third parties and to examine any official and court documents which are related to the claim. Furthermore, the insurance company has the right to remit data to official or legal institutions and to any other insurance companies (co-insurers or reinsurers) in Switzerland and abroad which are involved in the claim. The undersigned is asked to abstain from accepting any claims without prior contacting the insurance company.

|  |
| --- |
| Place, date |

|  |
| --- |
| Signature / stamp of the insured |

Claims notification form: List of damaged Property

Property and Technical Insurance

# Personal property (Machinery / Equipment / Stock, etc.) Please enclose bills, warranty certificates, value declarations, photos, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Property of the insured | | | | | |
| Amount | Item (brand, model) | Purchase date | Purchase Price in CHF | Place of purchase | Claims amount in CHF |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Third party property | | | | | |
| Amount | Item (brand, model) | Purchase date | Purchase Price in CHF | Place of purchase | Claims amount in CHF |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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# Damage to real property (buildings)

|  |  |  |  |
| --- | --- | --- | --- |
| Floor | Room | Type of claim, necessary repair works | Cost of repair in CHF |
|  |  |  |  |
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1. Please note: In case of an impending business interruption, please report the loss immediately by phone. Thus the loss might be reduced. [↑](#footnote-ref-1)
2. EDP, machinery breakdown / collision, construction, erection, general technical facilities [↑](#footnote-ref-2)
3. Only indicate if known. [↑](#footnote-ref-3)