



Damage report – Car insurance

Insurance informations

Contract number

Claim number

Personal informations of the person reporting the damage

Who reports the damage?

Last name

Phone number

First name

E-mail

Personal data policyholder

Salutation Ms Mr Company

Last name

Phone number

First name

E-mail

Street / Number

Postcode / Place of residence

Claims informations

Date

Place / Country

Time

Street / Number

Describe the exact course of the damage to us

Course of the damage:

Police report Yes No If yes, reported by

Is the driver of your vehicle responsible for the damage?

fully responsible partly responsible not responsible

Was the driver authorised to drive?

Yes No

Did the driver have a valid driving licence at the time of the damage?

Yes No

Enclose copy of driving licence

Driver informations

Salutation Ms Mr

Last name

Phone number

First name

E-mail

Street / Number

Date of birth

Postcode / Place of residence

Date driving licence

Informations counterparty

Salutation Ms Mr Company

Last name

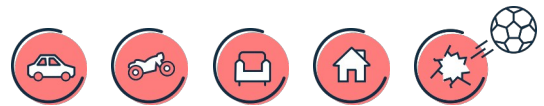
Phone number

First name

E-mail

Street / Number

Postcode / Place of residence



Own vehicle Other vehicle involved

Brand
Type
License plate
What is damaged?

Brand
Type
License plate
What is damaged?

Other damaged property

What is damaged?

Who is the owner of the damaged item?

If a cost estimate and / or photos of the damage are available, you are welcome to send us these documents by e-mail.

Information on personal injuries

Was anyone hurt? Yes No
Who was injured? Policyholder Other
Salutation Ms Mr
Last name Occupation
First name Employer
Date of birth Doctor / Hospital
Street / Number Phone number
Postcode / Place of residence E-mail
Type of injury

Additional informations

Further remarks:

The undersigned authorises Simpego Versicherungen AG to process the data required for the handling of the reported claim. If necessary, the data may be transmitted to involved third parties in Switzerland and abroad for processing, and in particular to co-insurers and reinsurers Simpego Versicherungen AG is also authorised to obtain pertinent information from public authorities and third parties (such as medical professionals) and to view official records. In this regard, the undersigned releases such persons from their statutory or contractual duty of confidentiality vis-a-vis Simpego Insurances AG. Against insurance fraud, we exchange data with contracted service providers as well as other insurance companies for investigations. The authorisation of the undersigned is granted irrespective of any provision of services by the insurance company. Simpego Versicherungen AG is obligated to treat the information it receives in accordance with data protection legislation. Further information you can find on <https://simpego.ch/en/privacy>.

Place and date

Signature

Vehicle owner

Vehicle driver (if not the owner)

Please return the completed claim report to:

Simpego Insurances Ltd.

Claims department

or

claims@simpego.ch

Hohlstrasse 556

CH-8048 Zurich