



## Damage report – Personal liability insurance

### When and where did the damage occur?

Date

City / Country

Time

Street / Number

### Describe the exact course of damage to us

Has a police report been made?

Yes

No

If yes, by whom was the police report drawn up?

### What was damaged? Who was damaged?

Has there been any damage to property?

Yes

No

If yes, what was damaged?

How much did the damaged object cost? or in the case of partial damage, how high do you estimate the amount of damage?

Who is the owner of the damaged object?

Title

Mrs

Mr

Company

Name

Phone

First Name

E-Mail

Street / Number

IBAN number

POSTCODE / Residence

Are other persons affected by the damage?

Yes

No

Has there been any personal injury?

Yes

No

If yes, who was injured?

Title

Mrs

Mr

Same person as above (owner)

Name

Occupation

First Name

Employer

Date of birth

Doctor / Hospital

Street / Number

Phone

POSTCODE / Residence

E-Mail

Type of injury

Are other persons affected?

Yes

No



**If you have photos of the damage, receipts or further information, you are welcome to send us these documents by e-mail.**

## Other comments

## Information on the policyholder

Title	<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	
Name			Mobile phone
First Name			Private phone
Street / Number			Private phone
POSTCODE / Residence			E-Mail
Contract number			IBAN number

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**

**Please return the completed claim report to:**

Simpego Insurances Ltd.  
Claims department  
Hohlstrasse 556  
CH-8048 Zurich  
or by e-mail to [claims@simpego.ch](mailto:claims@simpego.ch)