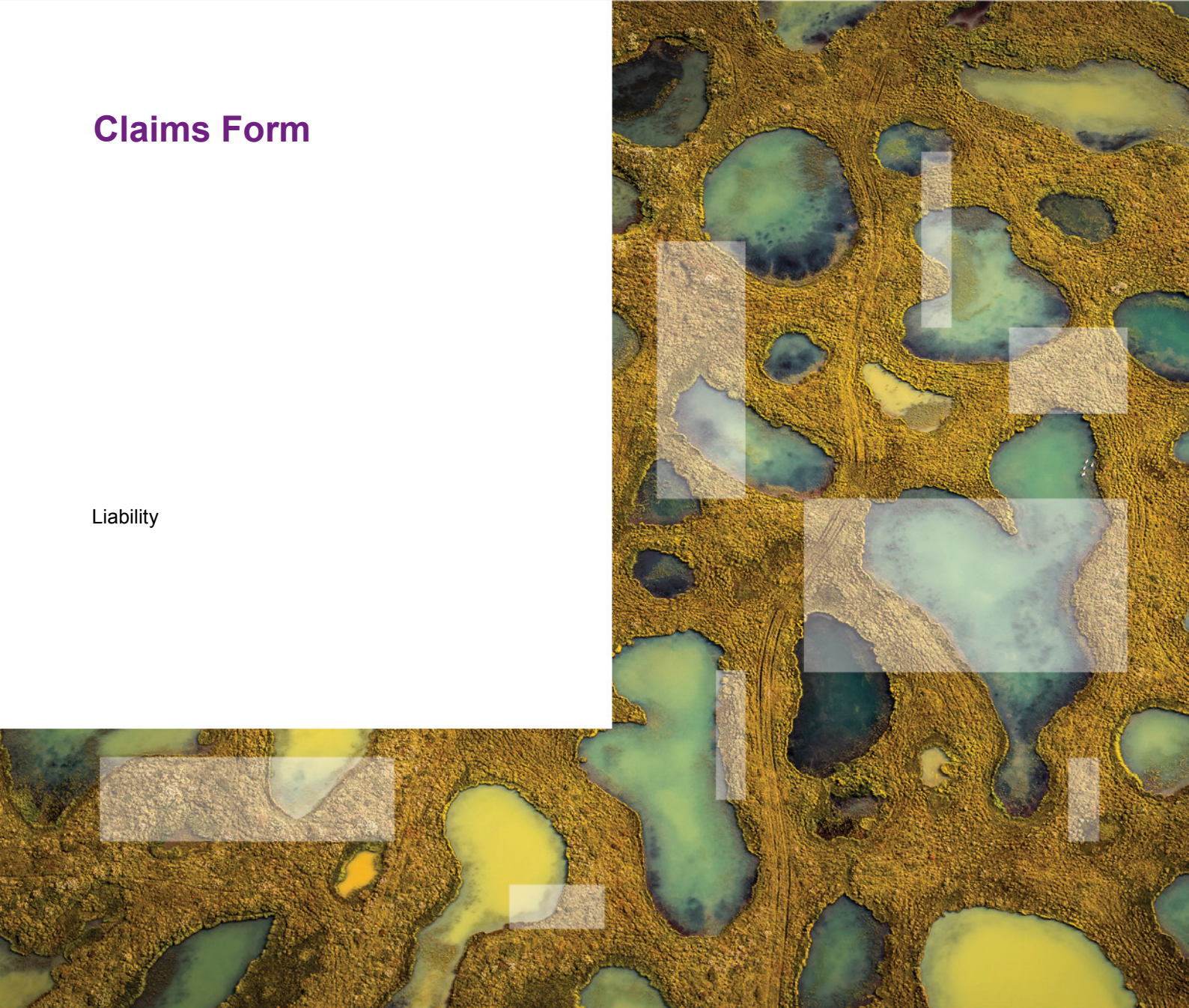


## Claims Form

Liability



Please fill in the form clearly in capital letters.

The filled in claims form should be sent via e-mail with the relevant documents attached to your usual contact person at Willis Towers Watson. Your contact person will subsequently file the claim with the insurance company.

## 1. Company Information

Policy Holder / Company Name			
VAT Accountability	Not accountable for VAT  Partially accountable for VAT      Share in %:  Accountable for VAT		
Contact Person	Name	Phone Number	E-mail
Insurance Company			
Policy no.			

## 2. Information about the Incident

Date of Incident		Time of Incident
Place of Incident / Address		
How did the incident occur?		
Was an assistance operator contacted in connection with the incident?	Yes No	If yes, who carried out the assistance?

### 3. Claims Type and Replacement

Claims Type	Material Damage Bodily Injury Contamination Products Occupational Injury Other	If x in "Other", a supplemental explanation must be given.	
Which items have been damaged and what will it cost to replace them?	Item	Replacement Price	

### 4. Information on Aggrieved Party

Aggrieved Party		Date of Birth / Company Registration Number (CVR)
Address		Postal Code and Town/City
Contact Person	Phone Number	E-mail
Has the aggrieved party informed about his/her own insurance and policy number?		

#### 4.1. Material Damage

Claims Type	Building Contents Machinery Vehicles Transportation Other	If x in "Other", a supplemental explanation must be given.	
Has the incident been reported to the police?	Yes  No	If yes, indicate the police report no.	
In case of damage to motor vehicle	Car body, front Car body, back Car body, side Demand for replacement car	Windows Lights / Mirrors Other	
	If x in "Other" - Write supplemental text		

#### 4.2. Bodily Injury

Claims Type	Death Possible disablement Occupational accident Dental Damage No loss of amenity Other	If x in "Other", a supplemental explanation must be given.	
Name of physician, hospital or other who treated the aggrieved party			

#### 4.3. Product

Claims Type	Own production Sale of second party products Canteen operations Other	If x in "Other", a supplemental explanation must be given.	
Name of manufacturer against whom recourse should be taken			

## 5. Consequential Loss

Has the aggrieved party/others submitted a claim for indemnification? <i>Write name, address, amount, and indicate whether the claim is reasonable.</i>			
Name	Address	Amount	Reasonable
According to you, who is to blame for the incident (must be justified below)			
Justification			
Other comments regarding the claim			

## 6. Signature

Compensation can be paid into the bank account stated below	
Bank Code No.	Account No.
It is hereby confirmed that the information given is true	
Date	Name in capitals and signature