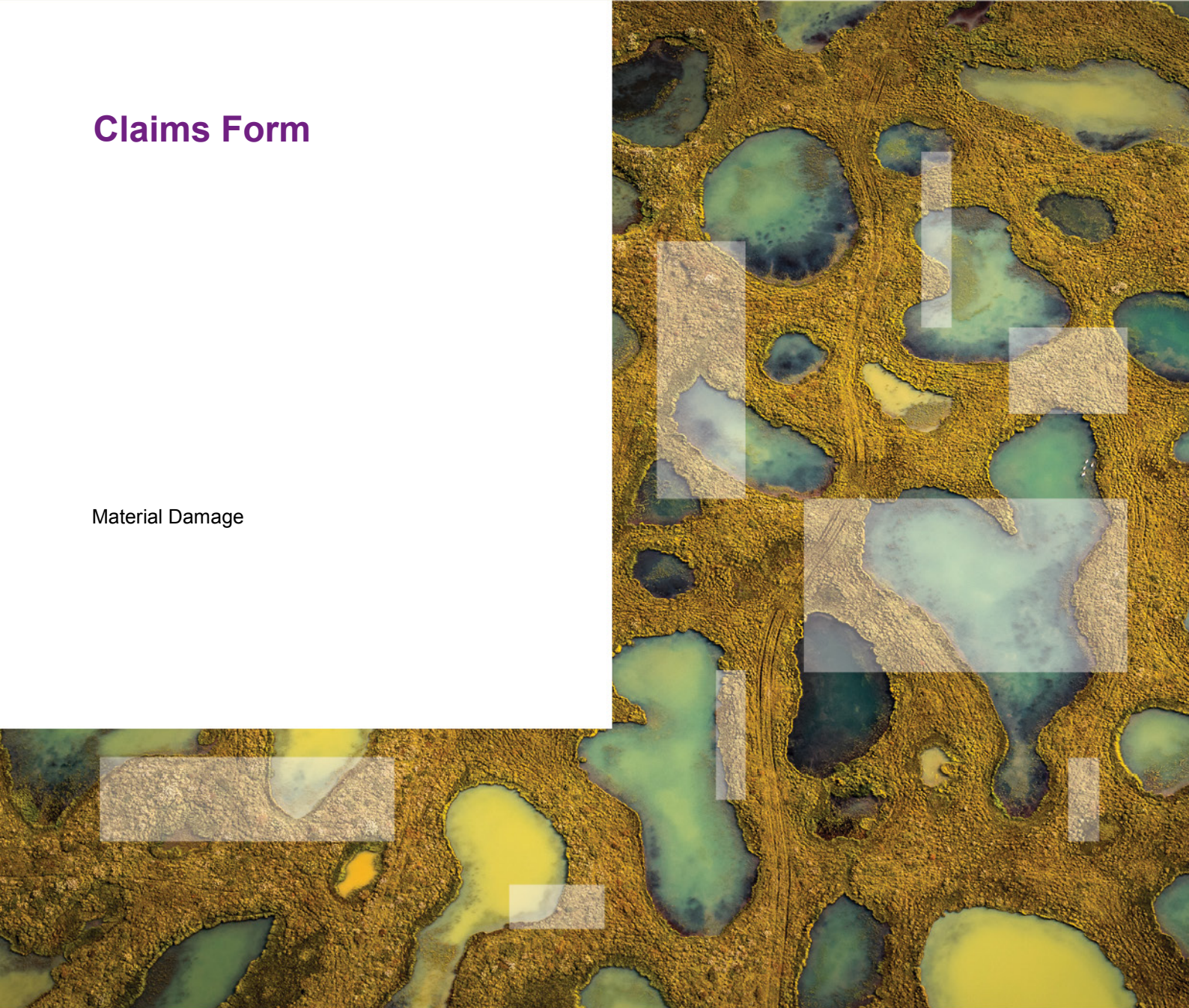


Claims Form

Material Damage



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 Damage	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	Fire Electrical Damage Theft Water Collision Storm 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	

3.1. Theft / Robbery

Claims Type	Burglary Robbery Vandalism Theft Larceny Other	If x in "Other", a supplemental explanation must be given.	
Burglary Alarm	Activated Not activated		
Has the incident been reported to the police?	Yes No	If yes, indicate the police report no.	

3.2. Machinery Damage

Claims Type	Fire Breakdown Electrical Damage Collision Operating Error Other	If x in "Other", a supplemental explanation must be given.
Is reparation possible?	Yes No	If yes, name and address of the repair shop

3.3. Storm / Water Damage

Claims Type	Storm Precipitation Groundwater Ice / Snow Busted pipe Other	If x in "Other", a supplemental explanation must be given.
Is reparation possible?	Yes No	If yes, name and address of the repair shop

3.4. Damage in Transport

Claims Type	Incident while driving other than collision Theft Handling Shortfall Refrigerators Airplane / Ship Other	If x in "Other", a supplemental explanation must be given.
Second party transport operator	Yes No	If yes, name and address of the haulier
Exhibition	Yes No	If yes, indicate location
Has the incident been reported to the shipping/transport agency	Yes No	If yes, indicate date

4. Consequential Loss

Will the incident have any financial consequences such as additional costs or operational losses?

Other comments regarding the claim

5. Attach the Following Documents

All claims	Copy of purchase/sales invoice Other documentation for claim for indemnification Copy of any survey report or other correspondence
Theft	Copy of receipt that a police report has been filed
Transportation	Copy of consignment note Letter to the person responsible for the damage, in which he/or is held liable for the damage

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