

Claim notification form

Household contents / Buildings

This form must be completed by the insured person or the insured person's legal representative. You can find all the information about the product and the required form at css.ch/contents-household. Please complete the form in full and send it to us as quickly as possible to the address shown on the last page. Without your information, we are unable to review your entitlement to benefits. Thank you for your cooperation. Any questions? Our Customer Service Center will be happy to help on 0844 277 888.

Client number

1 Line of business

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Fire damage | <input type="checkbox"/> Damage by natural forces | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Water damage | <input type="checkbox"/> Glass breakage | <input type="checkbox"/> Household contents accidental damage |

2 General information

2.1 Insured person

First name	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street, house number	Postcode / town
<input type="text"/>	<input type="text"/>

2.2 Contact

Home phone	Mobile phone	Business phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is the best time to reach you?	Where?	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Business	Email
<input type="text"/>					<input type="text"/>

3 Information on the loss event

3.1 Date / place of loss / damage

Date	Time
<input type="text"/>	<input type="text"/>

Street, house number	Postcode / town
<input type="text"/>	<input type="text"/>

3.2 Owner of the stolen / damaged items

First name	Surname
<input type="text"/>	<input type="text"/>

Street, house number	Postcode / town
<input type="text"/>	<input type="text"/>

3.3 Cause of damage / course of events

3.4 How high do you estimate the damage / loss?

CHF

3.5 Who caused the damage / loss?

First name

Surname

Street, house number

Postcode / town

3.6 Is there liability insurance in place? Yes No

If so, with which insurance company?

Name of insurance company

Policy no. / claim no.

3.7 Objects

Damaged or stolen items (Please enclose original purchase receipts)

Object	Purchased from	Date of purchase	Replacement value / Cost of repair
<div style="border: 1px dashed black; height: 20px;"></div>	<div style="border: 1px dashed black; height: 20px;"></div>	<div style="border: 1px dashed black; height: 20px;"></div>	<div style="border: 1px dashed black; height: 20px;"></div>
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In accordance with separate list

3.8 Damage to buildings

Parts of building affected	Repair company / Address / Phone no.	Estimate of loss amount / Quotations
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<div style="border: 1px dashed black; height: 20px;"></div>	<div style="border: 1px dashed black; height: 20px;"></div>	<div style="border: 1px dashed black; height: 20px;"></div>

In accordance with separate list Year in which building constructed

3.9 Bicycle (Please enclose original purchase receipts)

Gents / ladies bike

Childrens bike

Was the bike locked? Yes No

Make

Model

Frame number

Number of gears

Year bought

Current sale price

4 Notification of police

4.1 Person who notified police

First name

Surname

Street, house number

Postcode / town

Date reported

Police station

Police officer

5 Payment to

5.1 Name and address of the recipient

First name

Surname

Street, house number

Postcode / town

5.2 Account details of the recipient

IBAN

Name of financial institution

6 Additional information (to be completed in every case)

6.1 Are the items named above covered by any other insurance policies?

Yes No

Partial cover / fully comprehensive

Insurance company

Policy no.

Household contents / business

Valuables

Buildings

Other

I do not know whether there is other insurance in place for the above damage / loss

There is no other insurance in place

Comments

The undersigned person hereby confirms that he or she has answered all questions on all pages truthfully and in full.

CSS Versicherung AG processes the data you disclose to us or which we obtain from third parties with your consent to the extent necessary for handling claims. You hereby agree that the data may be passed on, to the extent required, to the CSS Group companies involved in settling the claim, to co-insurers and reinsurers, authorities and other third parties in Switzerland and abroad for processing or that it may be procured by them. The data will be processed in electronic or paper form. The data is filed for as long as is necessary for business purposes or as laid down by law.

You can find further details of the processing of your data in the CSS Versicherung AG privacy policy at css.ch.

The undersigned person is entitled to request information about the data pertaining to him or her that is being processed. Consent to the processing of data may be revoked at any time.

Legal entity for basic insurance (KVG): CSS Kranken-Versicherung AG, legal entity for supplementary insurance (VVG): CSS Versicherung AG

Place

Date

Signature of the insured person or his or her legal representative

Please return to:
CSS Versicherung AG
Special Insurance Competence Center
P. O. Box 2568
6002 Lucerne