



Please describe the exact circumstances of the loss or damage in detail (enclose an additional sheet if necessary):

---

---

---

---

---

---

---

---

---

---

**In the case of robbery or theft: which police station did you report the loss or damage to?**

Police station: \_\_\_\_\_ Address: \_\_\_\_\_  
Responsible officer: \_\_\_\_\_ Date of report: \_\_\_\_\_

**Do you have a household contents insurance?**  Yes  No

With which company (name / general agency)? \_\_\_\_\_ Policy number? \_\_\_\_\_

Was the case reported there?  Yes  No

Did you inform them about your case?  Yes  No

If so, did they assume the costs? Which ones? \_\_\_\_\_

**Mandatory enclosures:**

- Copy of purchase receipt or order confirmation
- In the case of damage: photos of the damage / in the case of robbery and theft: police report
- Copy of your monthly statement / printout from e-banking with the relevant transaction
- Repair bill or total damage confirmation
- Seller's response to refund request

**By submitting this claim report, I hereby confirm that the above information has been provided to the best of my knowledge, is truthful and complete.**

I authorise Allianz Assistance to check and process the information provided that is necessary to assess the obligation to pay benefits and to process the claim. To this end, I authorise Allianz Assistance to obtain further relevant information from third parties such as dealers, manufacturers or external experts. If necessary, data will be transmitted to involved third parties in Switzerland and abroad, in particular to co-insurers and reinsurers, for data processing.

**I hereby confirm that my details are correct and complete.**

I confirm that the above information is true and complete. I am aware that I can lose my entitlement to insured benefits if the information provided by me is untrue, incomplete or inconsistent, even if the insurer does not incur any disadvantage as a result. I agree to Allianz Assistance obtaining information and access to files from authorities (police, courts, etc.) other insurers and relevant third parties, and release the aforementioned parties from their legal or contractual duty of confidentiality. I hereby acknowledge and give my consent to information being transmitted either in full or in part to external service providers for the purpose of verifying entitlement to benefits.

---

Place / date \_\_\_\_\_ Signature of cardholder \_\_\_\_\_