



Damage report - Home contents and Buildings insurance

Claims informations

What is affected by the damage?

<input type="checkbox"/> Home contents	<input type="checkbox"/> Buildings	<input type="checkbox"/> Luggage
<input type="checkbox"/> Gardens	<input type="checkbox"/> Cash assets	<input type="checkbox"/> Third-party property (guests' personal effects)

When and where did the damage occur?

Date	City / Country
Time	Street / Number

Describe the exact course of damage to us. What was damaged?

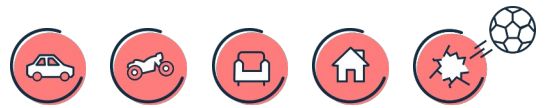
Has a police report been made? e.g. for theft damage Yes No

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

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

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

Other comments



Personal data policyholder

Title Mrs Mr

Last Name Mobile phone

First Name Private phone

Street / Number Business phone

POSTCODE / E-Mail

Residence IBAN Number

Contract 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-à-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 form to:

Simpego Insurances Ltd.
Claims department
Hohlstrasse 556
CH-8048 Zurich
or claims@simpego.ch