Liability claim form

Use the tab key to move to the next text field or click on the field with the cursor.

TIROLER Schadenservice
Wilhelm-Greil-Straße 10
6020 Innsbruck
Telefon: 050 30 8000
Fax: 050 30 8000-1299
schaden@tiroler.at
www.tiroler.at

Policy number/claims number	
Claim form was completed by	

Policyholder's details

First name and surname, title, company or trading name of insuree	
Address	
Date of birth (day, month, year)	Phone number
Email address	

Incident details

Date and time of the event	
Where did the event occur?	
Official admission ☐ no ☐ yes	
	If yes, from whom?
	Reference number
Your assessment of fault ☐ Personal fault ☐ Partial fault ☐ No Fault	
Damage and or injury details (possibly with a sketch)	
Who caused the damage?	
How much do you estimate the damage?	

Please note our data protection information at **www.tiroler.at/Datenschutz**.

Witness

If there are several witnesses, please use the additional field below

First name and surname, title, company or trading name of insuree	
Address	
Date of birth (day, month, year)	Phone number
Email address	

Additional field: witness

Injured person

For more than one person, please use the additional field below

First name and surname, title, company or trading name of insuree	
Address	
Date of birth (day, month, year)	Phone number
Email address	
Damage and/or injury details	

Additional field: injured person

Damaged property Owner
In case of multiple damaged items please use the additional field below

Damaged property	
First name and surname, title, company or trading name of insuree	
Address of the owner	
Date of birth (day, month, year)	Phone number
Email address	

Additional field: damaged property

General questions

Does insurance cover exist for this event with other companies?	☐ no	☐ yes
If yes, with which company, class, policy number?		
Is it an occupational accident?	☐ no	☐ yes
Are you related to the injured party?	☐ no	☐ yes
If yes, in what degree of relationship?		
Did you rent, borrow or keep the damaged item?	☐ no	☐ yes
Did you perform any activity on or with the damaged object?	☐ no	☐ yes

I have answered the questions in the notification of claim truthfully and to the best of my knowledge. I authorise TIROLER VERSICHERUNG V.a.G. and its representatives to carry out all necessary investigations in this matter of loss, to inspect the file relating to the loss (administrative criminal file, official file) and to make copies thereof.

Place, date

Signature of the person responsible for the event

Signature of the policyholder/company signature

Please send us the completed and signed form by post or by e-mail (schaden@tiroler.at). Thank you very much.