

EIS European Insurance & Services GmbH
Scharfe Lanke 109-131

D-13595 Berlin

Phone +49 (0)30 214082 20

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www.eis-insurance.com



European
Insurance & Services

Notification of Damage:
General



European Insurance Services

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Notification of Damage

For insurance: _____
Please fill in the form and send it by post or by mail to **claim@eis-insurance.com**.
All information and the complete terms and conditions can be found at: **www.eis-insurance.com**.

Policy Holder

- | | |
|------------------------|----------------------|
| 1. Name _____ | 8. First name _____ |
| 2. Street, no. _____ | 9. Phone _____ |
| 3. Zip, town _____ | 10. Fax _____ |
| 4. Country _____ | 11. Mobile _____ |
| 5. Nationality _____ | 12. E-Mail _____ |
| 6. Date of birth _____ | 13. Profession _____ |
| 7. Policy no. _____ | 14. Claim no. _____ |

Damage

15. Date and time of damage _____
16. Witnesses (name, address, phone) _____
- _____
- Please attach a full crew-list (name, address, phone, pass-no.)

Further Information on the Damage

17. Kind of damage _____
- _____
18. What actions have you taken or will you take to fulfill your duty to minimize losses?
- _____
- _____
19. Estimated damage amount? _____ EUR

Course of Events and Causes Leading to the Damage

20. _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Own Claims

21. Will you file claims? No Yes, against whom? _____
22. Do you have a legal expenses insurance? No Yes, where _____
23. Have you hired a lawyer? No Yes (name, adress, phone) _____
24. Involved parties _____
25. Do you think a third party is responsible for the damage? (description, name, address, phone) _____

If Persons Have Been Injured or Killed

Information on affected Party (s)

Answer the questions only insofar as it is possible without an interrogation of the injured or a relative.

26. Person 1

27. Person 2

28. Name		
29. Date of birth		
30. Profession		
31. Street, no.		
32. Zip code, city, country		
33. Marital status		
34. Phone		
35. Fax		
36. E-mail		

37. Description of the injuries		
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Information on the Affected Party (Owner of the Yacht)

38. Last name, first name, address _____
39. Phone, Fax, E-mail _____
40. Are you and the affected party boundedby kinship? No Yes, relationship? _____
41. Do you and the affected party live in the same household? No Yes
42. Where you and the affected party bound by some kind of contract on the day of the damage? (like employment contract, rental lease, etc.)
 No Yes, what kind? _____
43. Have claims been filed? No Yes
44. If so, when, orally or in written, for what amount? _____

Please transfer the amount of adjustment to following account

45. Account holder's name and full postal address _____

46. Bank name and full postal address _____

47. IBAN _____ 48. BIC _____

Location _____ Date _____ Signature _____

We confirm hereby that we have not received and will not receive any payments from other insurers for this same loss event and that this insurance policy is the sole one for this vessel.

Location _____ Date _____ Signature _____

We are legally obligated to inform you that false, untrue or incomplete details lead to the loss of insurance coverage, even if the insurer did not suffer from any disadvantage due to the flawed information.

Location _____ Date _____ Signature _____

Caution for legal consequences of information and clarification duties after the claim:

Due to the contractual agreements we can demand you, after the contingency, to give us all necessary information to ascertain the claim or to check our obligation to perform the contract (information duty), and we can demand you to give us all clarifications which are necessary to clarify the facts so that we can properly check our obligation to perform the contract (clarification duty). In this regard we can also demand you that you give us all respective proofs.

Should you, against the contractual agreement, refuse to give us any information or should you give us false information and should you also willfully refuse to provide us with the demanded information or proofs or should you give us these delayed this can lead to the total loss of the insurance performance. Should you contravene these obligations with gross negligence this can lead – according to the severity of the negligence – to a cut (even up to 0) of the insurance performance. You can prevent such a cut if you proof that the obligation was not contravene with gross negligence.

Despite the violation of your obligation to give us information, clarifications or proofs, however, we remain bounded to our insurance performance as far as you can proof that the willful or grossly negligent violation of the obligation was causal neither for the ascertainment of the claim nor for the ascertainment of the scale of our obligation to perform the contract. This, however, is not valid if the violation of the obligation was fraudulently induced by you.



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