

Notification of legal protection claim

Insured person

Insurance no.

Date of birth

Surname, first name

Street, no.

Postcode, town

Available by phone at:

E-mail

Language

- German Italian
 French English

Legal representative

If insured person is a minor:

Surname, first name

Street, no.

Postcode, town

Available by phone at:

E-mail

Language

- German Italian
 French English

1. What happened exactly?

Date of incident

Place of incident

Description of the incident, where appropriate with a sketch and supporting documents

2. Against whom do you want to assert your claim?

Name and address

3. Other legal protection insurances

Do you have any other legal protection insurance?

- No Yes. With which companies?

4. Involvement of a lawyer

- You entrust us with selecting a lawyer
 You suggest the following lawyer:

Place and date

Signature of the insured person/legal representative
(If submitted by e-mail, valid without signature)

Supporting documents/evidence