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Motorsport liability claim form

Name of the policyholder

Address of the policyholder

Insurance policy number

Damage day time

Postcode/location of damage, e.g. race track, training grounds.

Street, house number

Insured person
(Causer of damage)

Name first Name birth date

Street, house number Postal code, city

Telephone with area code (private) Telephone with area code (business)

Is the person who caused the damage a member of the club? ☐ no ☐ Yes

Injured party
(Claimant)

Name first Name

Address

Telephone with area code birth date

Profession

For minors, first and last name of the parent(s) or guardian(s).

Information on Damage sequence

How did the damage occur? Please answer this question in enough detail to provide a clear picture of the damage. If there is not enough space, please attach a sheet of paper.

Did the damage occur during a sporting activity carried out as part of the club/event?

☐ no ☐ Yes

Which sporting event? (Specify sport)

Which sports official or representative of the club or the UN was present at the time of the damage?

Witnesses to the incident

Name, occupation, address and telephone number including area code (daytime contact possible)

Official data

Was the incident reported to the police? ☐ no ☐ Yes Has a fine/criminal proceeding been initiated? ☐ no ☐ Yes

Against whom?

What was done about it?

Police station | File number

Competent public prosecutor's office | File number

Property damage

What item was damaged?

Type and extent of damage

Purchase price €

Is recovery possible? ☐ no ☐ Yes

The repair costs will amount to

Date of acquisition

Where is the damaged item located?

Who is/was the owner/possessor of the damaged item?

Personal injuries

What type of injuries were sustained?

Which doctor or hospital is treating the injured person?

Which health insurance company / employers' liability insurance association was the accident reported to?

compensation

Have any claims for damages already been filed? ☐ no ☐ Yes (please attach document) Height €

To whom should compensation be paid in the event of liability for damages? Account holder | IBAN

Bank sort code | Financial institution

Important instructions

Within the framework of the contractual relationship, data related to the insurance is stored by the insurance companies and transmitted to the relevant reinsurers. The address of the data recipients will be provided upon request.
The above questions were answered truthfully and completely.
According to the jurisprudence of the Federal Court of Justice, the following notice is required: By knowingly providing false or incomplete information, the policyholder/insured loses insurance coverage even if the insurer suffers no disadvantage.

For the accuracy of the information: (in the case of minors, the legal representatives)

place, date

Signature of the person who caused the damage