



<b>Damage to the machine</b>			
Estimated damage amount in EUR			
<input type="checkbox"/> Total loss			
<input type="checkbox"/> Temporary repairs have already been carried out after the damage occurred			
Which parts are so damaged that they need to be replaced?			
Description	Age	Previous damage	Characteristics of previous repairs (e.g., welding)
Will a cost estimate be obtained? If so, please submit it.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the damaged object ever been damaged or repaired before?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Which company do you intend to have the machine repaired by?			

<b>Detailed description of the damage</b>	
<b>Only in cases of theft and vandalism</b>	
<b>Has a report been filed with the police?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name and address of the police station and file number	
Name and address of the public prosecutor's office and file number	
<b>Is there any other insurance coverage for the services and items affected by the damage?</b>	
If yes, name and address of the company and insurance number Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Is the insured object financed through a bank or leasing company?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, name and address of the lender or leasing company	
<b>Witnesses to the incident</b>	
Witness 1: Name, address, contact details	

Place and date

Signature of policyholder