

**EIS European Insurance & Services GmbH**  
Scharfe Lanke 109-131

D-13595 Berlin

**Phone +49 (0)30 214082 21**

claim@eis-insurance.com  
www.eis-insurance.com



European  
Insurance & Services

Notification of Damage:  
**General**



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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, address, 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	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

### 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 bounded by 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:**

**Please transfer the settlement amount to the following bank account:**

45. Account holder \_\_\_\_\_ 46. Bank \_\_\_\_\_

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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