



**e) To whom was the damage reported?**

Police     Hall office     Transport Company     \_\_\_\_\_  
Date? \_\_\_\_\_ Place/Person/Company \_\_\_\_\_  
\_\_\_\_\_

**f) Is there another insurance for the affected items?**

(e.g. baggage, property, EDP, household contents insurance etc.)

no     yes, with \_\_\_\_\_

**g) Did a third party cause the damage?**

no     yes, who \_\_\_\_\_

Does the party concerned have a liability insurance?

no     yes, with \_\_\_\_\_

At least the following documents have to be submitted with this claim form to the Baloise Insurance Ltd, Basel/Switzerland immediately upon discovering the damage.

**Enclosures:**

- commercial invoice/proof of value of the damaged/stolen goods
- repair estimate/repair cost invoice
- copy of the police report, in case of theft
- copy of the transport documents (delivery receipt, CMR etc.), in case of transportation damage
- valued inventory-list of all exhibition goods, including stand equipment

The Assured may not accept any claim for damage or liability without the insurer's consent.

The undersigned authorizes Baloise Insurance Ltd [Baloise Life Ltd] (hereinafter called the Baloise) to process his/her personal data in connection with the processing of this insurance claim/benefit case. The Baloise may in particular:

- refer data to involved third parties in Switzerland or abroad (e.g. co-insurer, reinsurer);
- seek recourse from a liable third party (or their liability insurer) and provide them with the relevant data;
- obtain relevant information and access to relevant documentation from private insurers, public authorities, witnesses and other information providers.

The undersigned authorizes the above-mentioned individuals or institutions to provide the Baloise, at the latter's request, with data required for processing of the insurance claim/benefit case, and relieves them of their obligation of secrecy for this purpose.

The undersigned also relieves the Baloise of its obligation of secrecy with regard to data that it passes on to third parties in connection with the processing of the claim/benefit case.

Place \_\_\_\_\_ the \_\_\_\_\_ Signature \_\_\_\_\_