

## Notification of claim

According to the insurance conditions it is mandatory to send a notification of claim in case of damages. Each damage has to be reported immediately. The actual state caused by the damage shall not be changed until the damage was investigated and determined officially. Excepted are interventions to prevent or minimise damage and interference due to public interests. **(I.e. please leave all goods and belongings at place until clearance and approval.)**

### Personal contact data (of person concerned)

First & last name: \_\_\_\_\_ Contract number: \_\_\_\_\_

Street & house number: \_\_\_\_\_

ZIP: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Place of incident

Storebox location (address): \_\_\_\_\_ Cabin Number: \_\_\_\_\_

### Details of incident

Type of damage: \_\_\_\_\_ Cause of damage: \_\_\_\_\_

Date & time of incident: \_\_\_\_\_ Approximate amount of claim: \_\_\_\_\_

How did the damage occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have goods been moved from the location:  yes  no

Invoices available:  yes  no

Official report to the authorities:  yes  no

*if yes, please attach the respective documents*

Please forward all documents relating to the claim, such as **photographs, police reports, invoices** or other media, together with this signed form and the list of damaged goods to [service@yourstorebox.com](mailto:service@yourstorebox.com).

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**Email:** [service@yourstorebox.com](mailto:service@yourstorebox.com)

**Web:** [www.yourstorebox.com](http://www.yourstorebox.com)

**AUSTRIA**

Tel.: +43 800 3666 44 6

**GERMANY**

Tel.: +49 800 3666 44 6

**SWITZERLAND**

Tel.: +41 800 3666 44

**Place, date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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**Email:** [service@yourstorebox.com](mailto:service@yourstorebox.com)  
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Tel.: +41 800 3666 44

## List of damaged goods and items

**Storebox:** \_\_\_\_\_ **Cabin Number:** \_\_\_\_\_

no.	item description	brand	purchase cost in €	Age (years)	invoice attached*
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>
5					<input type="checkbox"/>
6					<input type="checkbox"/>
7					<input type="checkbox"/>
8					<input type="checkbox"/>
9					<input type="checkbox"/>
10					<input type="checkbox"/>
11					<input type="checkbox"/>
12					<input type="checkbox"/>
13					<input type="checkbox"/>
14					<input type="checkbox"/>
15					<input type="checkbox"/>
16					<input type="checkbox"/>
17					<input type="checkbox"/>
18					<input type="checkbox"/>
19					<input type="checkbox"/>
20					<input type="checkbox"/>
21					<input type="checkbox"/>
22					<input type="checkbox"/>

*\* please tick box if invoice is attached*

**Signature:** \_\_\_\_\_

**Email:** [service@yourstorebox.com](mailto:service@yourstorebox.com)

**Web:** [www.yourstorebox.com](http://www.yourstorebox.com)

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