

Claim number: _____ Name of the claimant: _____

Place of damage (address): _____

INFORMATION STATEMENT

If the statement is filled out barely it is not suitable for supporting the claim!

The undersigned hereby declare that the damage event occurred on the _____ was due to the following reason:

The liable neighbor/condominium, houseowners assocaitaion (Please underline the relevant part!): Name: _____ Address: _____ The reason of damage: _____ „The reason of damage" field must be filled out exactly it is indispensable for the decision about legal basis! Please indicate the exact source of the error which caused the damage. (Examples for correct filling out: burst of the drainpipe; hole on the supplier pipe; leaky shower tray; open left water tap; pluggage of downpipe Examples for incorrect filling out: soak; flooding; water damage; leaking water from bathroom; flash flood) I have a valid liability insurance/ The condominium has a valid liability insurance: yes/no (Please underline the relevant part) Name of the insurer: _____ Policy number: _____ _____ Signature of the neighbor/ renter / common representative/ president of the houseowners association

Date: _____ year _____ month _____ day

Please send the completed document with the reference number within 15 days to the following address!

Generali Biztosító Zrt.

E-mail: generali.hu@generali.com

Genertel Biztosító Zrt.

E-mail: genertel@genertel.hu

Magyar Posta Biztosító Zrt.

Postacím: 1535 Budapest, Pf.: 952

E-mail: karinfo@mpb.hu

K&H Biztosító Zrt.

E-mail: kar@khab.hu

Wáberer Hungária Biztosító Zrt.

Postacím: 1211 Budapest, Szállító u. 4.

E-mail: kar@wabererbiztosito.hu

KÖBE Közép-európai Kölcsönös Biztosító Egyesület

Postacím: 1108 Budapest, Venyige u. 3.

E-mail: kar@kobe.hu