

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&HBiztosító Zrt.

E-mail: kar@khab.hu

Gránit Biztosító

Postacím: 1211 Budapest, Szállító u. 4.

E-mail: kar@granitbiztosito.hu

KÖBE Közép-európai Kölcsönös Biztosító Egyesület

Postacím: 1108 Budapest, Venyige u. 3.

E-mail: kar@kobe.hu