



## SERVICE CIVIL INTERNATIONAL

The Association of  
Service Civil International ivzw  
Belgiëlei 37, B-2018  
Antwerp, Belgium  
Tel: +32 (0)3 226 57 27  
info@sci.ngo  
www.sci.ngo

### Notice of claim – Liability insurance

Policy holder

Policy number

Insured person

#### When and where did the event of damage take place?

Date

Time

Place

#### Who caused the damage?

Name

Address

#### On what grounds is the responsible party accused of having caused the damage?

#### Who is the injured party / claimant?

Name

Address

#### How did the damage take place? (please state details of the event)

#### Are there any witnesses to the event of damage? (name, profession, address)

#### Was the incident registered by the police?

Yes

No

Police station

Reference number



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### Have any administrative fine / criminal proceedings been initiated against you, a family member or an employee?

Yes  No | If yes, against whom?

Which measures were taken?

### Did the injured party cause the damage in whole or in part himself / herself?

Yes  No | If yes, by doing what?

### Is another person also responsible?

Yes  No | If yes, who? | Why?

### Is the injured party a member of your family or are you related to the injured party?

Yes  No | If yes, how are you related to each other?

### Does the injured party live in cohabitation with the responsible party?

Yes  No

### Is there any employment, payment or other contractual relation between responsible and injured party?

Yes  No | If yes, what was the responsible party's occupation?

### Have any claims for compensation been made?

Yes  No | If yes, date

orally  in writing | Amount i

What reasons were given for the claims for compensation?

If existent, please attach any written document (estimate of cost, repair invoice, etc.).

### Who receives the compensation in case of a liability for damages?

Account holder (first name, family name)

Bank Account Number

BIC / SWIFT (Bank Code)

### Please complete in case of property damage:

Which property was damaged?

Type and amount of damage?



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When was the damaged property purchased and what was the purchase price?

Where is the damaged property?

Who is the owner / holder of the damaged property?

Is the damaged property covered by insurance? (fire insurance, glass insurance, water damage insurance, comprehensive insurance, etc.)

Yes

No

### In case of bodily injuries:

Type of injuries?

Marital status of the injured person?

Where is the injured person employed?

### Important information / Signature

The policyholder and the insured person are obliged to make a true and comprehensive statement. The company is exempt from the requirement to pay, if the policyholder or the insured person acted intentionally or grossly negligent in making incomplete or false statements or fraudulent misrepresentation. In case of false statements that were given intentionally, this legal consequence is also followed if it neither affects the stipulation or the amount of the benefits that are incumbent on the insurer. In case of a violation caused by gross negligence, the insurer is entitled to reduce the benefits in relation to the seriousness of the fault.

Place, date

Signature of the policyholder