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Helvetic Motion AG
Werfstrasse 80
8302 Kloten

Motor vehicle liability damage
Policy number 1975246

Sehr geehrte Damen und Herren,

Please complete, sign and return this form to us.

Please provide the name of the contact person who can answer questions.

Person to contact

Telephone	Email

Are you authorised to the input tax deductiont? ( ) no   ( ) yes   VAT no.

Do you have legal expenses insurance?   ( ) no   ( ) yes   Company
Has the case been reported to them?   ( ) no   ( ) yes

Designation of vehicle (details from vehicle registration certificate)

Brand and Type	Licence number	Date of first registration	Chassis or identification no.	Mileage in km

Driver of above-mentioned vehicle at time of damage

Name, First name

Street & No.	ZIP Village
Date of birth Phone	Email

Valid driving licence   ( ) no   ( ) yes   Date   Licence category

Details of loss event

Date	Time	Town and street

Police report   ( ) no   ( ) yes   Police station

Do you consider yourself or the driver of the vehicle to be   ( ) responsible   ( ) partially responsible   ( ) not responsible

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Sequence of events leading to the accident - description and sketch (required even if a police report was prepared)

_____

_____

_____

_____

_____

_____

_____

_____

Motor vehicles			Motor-cyclist	Cyclist	Pedes-trian
Own	Oppo-nent	Additio-nal			
⊳1⊳	⊡2⊳	⊡3⊳	▸●●▸	⊖⊖▸	웃

Witness

Passengers in your vehicle (Name, First Name, Adress, Tel., Email)

1. _____

2. _____

Other witnesses to the accident (Name, First Name, Adress, Tel., Email)

1. _____

2. _____

Injured persons

Name, First Name, Adress, Tel., Email (if more than two injured persons, please enclose additional sheet)   Age

1. _____

2. _____

Nature of injury	Injured person's occupation	Employer
1.		
2.		

Address of attending physician/hospital

1. _____

2. _____

Who is the injured person's accident insurer?

_____

Are you related to any of the persons injured?   ( ) no   ( ) yes, with

_____

_____

Third-party property damage

Damaged third-party vehicle (if more than one, please enclose additional sheet)

Owner (Name, First Name, Adress, Tel., Email)   Entitled to federal input tax deduction   ( ) no   ( ) yes

Are you related to the owner?   ( ) no   ( ) yes

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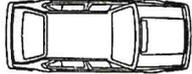
Damaged third-party vehicle (cont.)

Brand and Type

Licence plates

Please mark the point of impact with an → and circle the damaged area

With what company is the vehicle insured against liability?

With what company is the vehicle insured
( ) partially comprehensive- /
( ) fully comprehensive accident cover?

Where can the vehicle be inspected?

As of when?

Repair costs approx. CHF

Damaged third-party items (e.g. bicycle, fence, premises, animals, etc.)

Item

Nature of damage

Claim amount
CHF

Owner (Name, First Name, Adress, Tel., Email)

Accident damage

Nature of damage

Please mark the point of impact with an → and circle the damaged area

Where will the item be repaired?
(company, address)

As of when?

Repair costs in CHF

Payment to

Account holder including address
IBAN

I hereby authorize Helvetia Swiss Insurance Company Ltd, St. Gallen (hereinafter Helvetia), whose branch office is smile.direct insurances, to process data to the extent necessary in connection with the settlement of the claim, and to obtain information from doctors, hospitals, medical personnel and their assistants, authorities, in particular the authority responsible for administrative measures in road traffic, police, fire brigade, private and social insurers such as IV offices and Accident Insurance Act insurers, in Switzerland and abroad, or to access files, and release the aforementioned bodies and their assistants from their official or professional secrecy or their duty of confidentiality for this purpose and authorize them to provide Helvetia and the third parties mentioned below with information.

I further authorize Helvetia to transmit data to the relevant IV office, pension fund or other social or private insurers involved.

I acknowledge that Helvetia may, if necessary, commission other third parties (e.g., external experts and service providers) to provide services and may transfer the processing of the data to them. The aforementioned third parties are obliged to process the data in accordance with the same principles of data protection legislation as Helvetia.

To combat insurance fraud, Helvetia is connected to the central information systems Car Claims Info data collection and a new reporting and information system, known as "HIS". (Hinweis- und Informationssystem), which are operated by SVV Solution AG.

The Car Claims Info database stores data on vehicles affected by a claim. This data exchange between the insurers involved makes it possible to determine whether a reported vehicle claim has already been paid out by another insurance company in the past. The claims history is checked automatically. The potential for misuse is measured in order to assess misuse scenarios.

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Registration in the HIS takes place in connection with predefined registration reasons of an insurance law nature. Each person is informed in writing of their registration.

These data collections are registered with the Federal Data Protection and Information Commissioner (FDPIC) and the entries are made on the basis of regulations known to him.

The owner of the databases is SVV Solution AG. Further information on the HIS can be found at www.svv.ch/de/his and on Car Claims Info at www.svv.ch/de/car-claims-info.

Place, date

Signature

_____

_____