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Sender (please complete)

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**NOTIFICATION OF DAMAGES for the
insurance policy no. TB-SV 73614645.2-00444-1265 (SOLARWATT AG)
Your certificate number: _____ (please complete)**

Operator: (Name, address if different from sender)	
System location: (if different from sender)	
Bank account:	Account holder: Account number: Sort code: Bank: Risk Coverage Certificate deposited? <input type="checkbox"/> yes <input type="checkbox"/> no
Date of damages or date of establishment of the damages/time:	
Cause of damages:	<input type="checkbox"/> Theft - reported to the police <input type="checkbox"/> yes <input type="checkbox"/> no - police file number or police log number _____ <input type="checkbox"/> Fire <input type="checkbox"/> Electrical Surge <input type="checkbox"/> Storm/Hail <input type="checkbox"/> Damage caused by animals <input type="checkbox"/> Other
Description of the damages (please use a separate sheet if necessary to describe the damages)	
Which parts are damaged (manufacturer and type) <i>Note: the damaged parts must be kept until settlement of the claim.</i>	
Estimated amount of the damages (as necessary, after speaking to the fitter): Material damages: Lost days:	Euro Days
Company commissioned with rectifying the damages (address, telephone number, contact person):	
Is the abovementioned system covered by other insurance policies?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state name, address and policy number of the insurer)

Date

Signature of the insured person