



Motorsport accident damage report

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Name of the association / policyholder

Address of the association / policyholder

Insurance policy number

contact person

Telephone with area code

Postcode / Location of damage, e.g. sports field, gymnasium, etc.

Street, house number

Date of damage

time

Injured person

Participant

Club member (sports coordinator, etc.)

Viewers

Name first Name

Processing is only possible with a complete date of birth!

birth date

Telephone with area code (private)

Telephone with area code (business)

Practiced profession

Street, house number

Postal code, city

cause of accident and course

How did the accident happen? Please answer this question in enough detail to provide a clear picture of the accident. If there is not enough space, please attach a sheet of paper.

Did the accident occur during a sporting activity undertaken within the framework of the association or club?

no

Yes

Which sporting event? (Specify sport)

Which sports official or representative of the club / the UN was present at the accident?

Which other people were involved in the accident?

Which police station recorded the accident? Responsible public prosecutor's office and case number.

Type of injury

Did you receive inpatient hospital treatment?

no Yes

From when to when?

How long will the medical treatment last from today onwards, or since when has it been completed?

Have any permanent consequences (disability) from the accident already occurred?

no Yes

What risks might be feared?

On which days and with which doctor did the injured person first seek treatment? Date

Name and address of the doctor

Which other doctors will be consulted in connection with the accident, and from when? Date

Names and addresses of the doctors

Did the injured person suffer from any illness or disability at the time of the accident? What illness or disability?

no Yes

Which doctor or doctors did she consult in the years leading up to the accident?

What was the cause (illness or accident) and why did this happen?

Which health insurance company, private health insurance, or family insurance company does she belong to?

Where should any payment be made? Account holder

IBAN

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

BIC

Financial institution

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
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Important NOTE

Please report any deaths immediately by telephone! If claims are to be made, this report must be completed and returned within 2 weeks of the accident.

The injured party and the club are aware that any disability must occur within one year of the accident and must be medically diagnosed and claimed no later than three months after the accident.

Other important Notes

According to the jurisprudence of the Federal Court of Justice, the following notice is required: By knowingly providing false or incomplete information, the policyholder/insured loses insurance coverage even if the insurer suffers no disadvantage.

Doctors who are treating, have treated or examined the injured person, as well as insurance companies, insurance carriers and authorities are authorized to provide the necessary information.

Within the framework of the contractual relationship, data related to the insurance is stored by the insurance companies and transmitted to the relevant reinsurers. The address of the data recipients will be provided upon request.

place, date

Signature of the injured person