

## **Allianz Habitation– How to Claim**

### **IMPORTANT FOR ALL CLAIMS**

Prior to emergency repairs (repair of forced locks, boarding up windows, emergency plumbing) please take photographs of the damage and keep all damaged property (broken lock, broken pipes). Only emergency repairs can be made without our go ahead as we may need to send a loss adjustor to inspect the damage.

Allianz Assistance (0810 76 66 74 from France or +33 1 40 25 52 95) may be able to help in case of an emergency eg finding a locksmith/plumber. Please refer to the general conditions for details. You must call Allianz Assistance first before committing to costs.

Claim forms (see page 5) can initially be sent by fax/email but we will require the original by post.

### **In the event of a FIRE**

The emergency number for the fire service is 18 from a French landline or 112 from a mobile phone.

If your property is uninhabitable, call Allianz Assistance to arrange alternative accommodation: 0810 76 66 74 from France or +33 1 40 25 52 95.

Allianz Assistance can also provide help with guarding your damaged property, providing a vehicle for moving your belongings, cleaning (once the loss assessor has inspected the damage).

Contact us to report the claim by phone or email and complete the claim form (see page 5) and send to us by fax/email so that we can instruct a loss assessor.

Contact artisans to obtain quotes for repairing the damage.

Take photographs of the damage. Draw up a list of the damaged contents (see page 6) and collect proof of ownership eg: invoices, photographs, manuals. Send to us by post with the completed claim forms.

### **In the event of a BURGLARY**

Take photographs of the damage before any emergency repairs are made.

Make the property secure. Please ensure the locksmith/carpenter leaves any broken locks/damaged woodwork etc on site as we may need to send a loss assessor to visit your property and they will need to see evidence of the break-in. Repairs other than those required to make the property secure must not be undertaken until the loss adjustor has given the go-ahead.

Report the burglary to the police within 48 hours of its discovery, and send us the original documents that the police give you (*procès verbal* and *dépôt de plainte*).

Complete the claim form (page 5) and return by fax or email.

Complete the document page 6 (list of stolen items and their value). Send us the original claim form, original list of stolen items, receipts for the stolen items or any other proof of ownership you may have (photographs, user guide etc), invoices for any emergency repairs to your buildings (eg changed locks) and photographs of the break-in.

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### **In the event of a STORM**

Contact a local builder or roofer to make the house watertight and secure by replacing tiles or fixing a temporary cover. (You can also do this yourselves if you wish) Ask the roofer or a builder to provide a quote for permanent repairs.

Complete the claim form and return to us by email/fax.

Send us the original claim form by post with the invoice for emergency repairs and photographs of the damage. Send us a quote for permanent repairs as soon as this is available.

### **In the event of WATER DAMAGE**

French insurers do not intervene for repairing a leak except in the event of water damage caused by freezing weather. Allianz Assistance can assist you in finding a plumber and pays up to 150 Euros towards call out fee and emergency repairs (labour only).

Your policy may cover the cost of locating the leak eg removing tiles and retiling.

#### **Houses**

Repair the leak and take photographs of the damage.

Complete the claim form (page 5) and send to us by fax/email.

Allow wet areas to dry and obtain quotes for redecorating and replacing damaged contents.

Have any malfunctioning electrical appliances checked by an electrician. The electrician needs to complete the '*dommage electriques*' form (page 7).

Send us the original claim form by post with photographs, quotes for permanent repairs, invoices for damaged contents, proof that the leak has been repaired eg plumbers invoice

#### **Apartments**

We intervene for damage to contents and redecoration. The co-owners insurance (taken out by syndic) intervenes for damage to buildings. If there is damage to your buildings, contact your syndic to make a claim.

**If the water is coming from a private pipe or private water appliance, repair the leak.**

Take photographs of the damage.

Complete the claim form (page 5) and send to us by fax/email.

Allow wet areas to dry and obtain quotes for redecorating and replacing damaged contents.

Have any malfunctioning electrical appliances checked by an electrician. The electrician needs to complete the '*dommages electriques*' form (page 7).

Send us the original claim form by post with photographs, quotes for permanent repairs, invoices for damaged contents, proof that the leak has been repaired eg plumbers invoice.

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**If the water is coming from another source**, inform the syndic/neighbours so they can arrange repairs.

Contact us to report the claim by email or fax.

Complete two copies of the '*constat amiable dégâts des eaux*' (see pages 8 and 9) with the neighbour or the syndic.

Have any malfunctioning electrical appliances checked by an electrician. The electrician needs to complete the '*dommages électriques*' form (page 7).

Send us one copy of the '*constat amiable*' with photographs, quotes, invoices for damaged contents.

**If you have caused damage to a third party but your own property is not damaged**, repair the leak and complete two copies of the '*constat amiable dégâts des eaux*' (see pages 8 and 9) with the neighbour or the syndic.

## **In the event of water damage caused by FREEZING WEATHER**

Take photographs of the damage

Organise emergency repairs to prevent further damage..

Complete the claim form (page 5) and send to us by fax/email.

Allow wet areas to dry and obtain quotes for permanent plumbing repairs, redecorating and replacing damaged contents.

Have any malfunctioning electrical appliances checked by an electrician. The electrician needs to complete the '*dommages électriques*' form (page 7).

Send us the original claim form by post with photographs, quotes for permanent repairs, invoices for damaged contents, plumber's invoice for emergency repairs.

Replacing the heating system / pipes requires the loss assessor's go ahead.

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### **In the event of ELECTRICAL DAMAGE**

IE damage caused by electrical surcharge or lightning, loss of freezer contents

Have any malfunctioning electrical appliances checked by an electrician. The electrician needs to complete the '*dommages electriques*' form (page 7).

Photograph the damaged freezer contents if applicable

Complete the claim form and return to us with electricians form, quote for repairs, original purchase invoice (and photographs if applicable).

**For any other claims**, contact us for advice on how to proceed.

### **IMPORTANT**

In the event of a incident covered by your policy, you will be required to prove the existence and value of the buildings and contents for which you are claiming and the extent of the damage.

With this in mind, we advise you to keep invoices for work done to your property and purchase receipts for contents. For items which you do not have the invoice/receipt, we recommend taking photographs or videos of the inside of your property showing the contents in situ.

Repair and replacement of damaged/lost buildings and contents must be carried out within 2 years of the date of the incident.

NB Should you make any false declaration about the date, nature, cause, circumstances and consequences of any incident for which you are claiming, the cover will be invalidated for that claim. We will be entitled to end the contract and if any payments have been made related to that claim, they will have to be refunded.

**HOME INSURANCE CLAIM FORM**

Name: First names :

Contact Address:

Contact Telephone Number:

Policy Number:

Date of incident: Time:

**Please describe below what happened**

NB For theft claims (or any other claims involving an unidentified third party) the incident must be reported to the police. Please send us a copy of the police report (PV)

**Material consequences and approximate cost**

**If there is a third party, please complete**

Name First names:

Address:

Insurance company: Policy number:

**If somebody was hurt, please complete**

Name	Age	Address	Description of Injury
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**Contact details**

Please provide contact details for someone who can give the loss adjustor access to the property (eg if your property is a holiday home and you cannot be present):

**I declare that the above is true to the best of my knowledge:**

Place

Date

Signature



## Fiche de renseignements appareils ou installations électriques ou électroniques

A remplir par le fournisseur ou le réparateur

Nom et cachet  
du réparateur  
ou du fournisseur

A - Désignation des appareils et installations électriques ayant subi des dommages d'ordre électrique

Marque de l'appareil  
Nature de l'appareil  
S'il s'agit d'un moteur indiquer sa puissance  
S'il s'agit d'une pompe, est-elle immergée ?  
Numéro et type  
Date de première mise en service  
Valeur d'achat  
Nature des dommages  
Cause des dommages : vétusté, défaut  
d'entretien, foudre, surtension,  
autres à préciser

B - Description et évaluation des frais

Rembobinage  
Echange standard  
Remplacement à neuf  
Lampes  
Tubes  
Résistances  
Fusibles  
Composants électroniques  
Roulements  
Joints, Rondelles, vis  
Autres pièces  
Main-d'oeuvre : pose  
dépose  
Transport  
Autres frais  
TVA  
Total TTC

Rappel de l'article 44-1 du Code Pénal

Art.441-1 Constitue un faux toute altération frauduleuse de la vérité, de nature à causer un préjudice et accomplie par quelque moyen que ce soit, dans un écrit ou tout autre support d'expression de la pensée qui a pour objet ou qui peut avoir pour effet d'établir la preuve d'un droit ou d'un fait ayant des conséquences juridiques.

Le faux et l'usage de faux sont punis de trois ans d'emprisonnement et de 45 000 euros d'amende.

Date et signature du réparateur Signature du client

Certifié exact Lu et approuvé



### Constat amiable / water damage claim form

One form to be filled in by both apartments involved in the water damage claim. If three apartments or more are involved, each person whose apartment has been damaged fills in a form with the occupant of the apartment from where the water originated from. Answer jointly the questions about the cause of the claim (*la cause du sinistre*) Each person fills in one column, ticks the boxes to answer the questions in the middle and signs. Separate the pages. There is one copy for each insurer and a third for the Syndicat which manages the apartment building.

<p><b>Exemplaire pour A</b> destiné à son assureur</p>		<p><b>CONSTAT AMIABLE DEGATS DES EAUX</b> Valant déclaration de sinistre <b>A ADRESSER DANS LES CINQ JOURS A VOTRE ASSUREUR</b> Ne constitue pas une reconnaissance de responsabilité, mais un relevé des identités et des faits servant à l'accélération du règlement</p>		
<p>date du sinistre _____</p>		<p>Adresse de l'immeuble sinistré _____</p> <p>Bât(s) _____ Esc(s) _____ Etage(s) _____</p>		
<p>CAUSE DU SINISTRE dans l'immeuble sinistré <input type="checkbox"/> dans un immeuble voisin <input type="checkbox"/></p> <p>Adresse _____</p> <p>Nom et adresse du gérant, syndic ou propriétaire _____</p>		<p>L'immeuble où se situe la cause du sinistre a-t'il été construit depuis moins de 10 ans ? OUI <input type="checkbox"/> NON <input type="checkbox"/></p>		
<p>*Fuite sur canalisation (cocher une case par ligne)</p> <p><input type="checkbox"/> commune <input type="checkbox"/> privative</p> <p><input type="checkbox"/> chauffage <input type="checkbox"/> alimentation <input type="checkbox"/> évacuation</p> <p><input type="checkbox"/> accessible <input type="checkbox"/> non accessible</p> <p><input type="checkbox"/> enterrée <input type="checkbox"/> non enterrée</p> <p>* Fuite, débordement de chéneaux ou gouttières <input type="checkbox"/></p>		<p>*Débordement d'appareils à effet d'eau (évier, lavabo, machine à laver...) <input type="checkbox"/></p> <p>*Débordement ou renversement de récipients <input type="checkbox"/></p> <p>*Infiltrations par : toiture <input type="checkbox"/> terrasse <input type="checkbox"/> façade <input type="checkbox"/></p> <p>châssis (fenêtre, porte-fenêtre) <input type="checkbox"/></p> <p>joint d'étanchéité (installations sanitaires ou carrelage) <input type="checkbox"/></p> <p>*Autre cause : laquelle _____</p>		
<p>UN ENTREPRENEUR, UN INSTALLATEUR OU UN VENDEUR</p> <p>Vous paraît-il être à l'origine du sinistre ? oui <input type="checkbox"/> non <input type="checkbox"/></p> <p>Si oui, pourquoi _____</p> <p>Nom et adresse _____</p> <p>Sté d'assurance _____ Police n° _____</p>		<p>des frais ont-ils été engagés pour RECHERCHER LA FUITE ?</p> <p>oui <input type="checkbox"/> non <input type="checkbox"/></p> <p>Qui les a supportés ? _____</p> <p>La fuite a-t'elle été réparée ? oui <input type="checkbox"/> non <input type="checkbox"/></p>		
<p>Nom _____</p> <p>Prénom _____</p> <p>Adresse _____</p> <p>Bât _____ Esc _____ Etage _____ Tél. _____</p> <p>STE D'ASSURANCES _____</p> <p>Police n° _____</p> <p>Nom, adresse de l'agent ou courtier _____</p> <p>Tél. _____</p> <p>ETES-VOUS DANS :</p> <p>*un immeuble locatif : propriétaire <input type="checkbox"/> occupant <input type="checkbox"/></p> <p>*un immeuble en copropriété : copropriétaire <input type="checkbox"/> occupant <input type="checkbox"/> non occupant <input type="checkbox"/></p> <p>locataire de copropriétaire <input type="checkbox"/></p> <p>*une maison particulière propriétaire <input type="checkbox"/> occupant <input type="checkbox"/></p> <p>NOM du GERANT ou du SYNDIC (à défaut du propriétaire) de L'IMMEUBLE _____</p> <p>Adresse _____</p> <p>Sté d'Assurance garantissant l'immeuble en dégâts des eaux : _____</p> <p>Police n° _____</p> <p>Nom, adresse de l'agent ou courtier _____</p> <p>Tél. _____</p>	<p><b>A</b> COCHER LES CASES CONCERNÉES <b>B</b></p> <p><input type="checkbox"/> oui <input type="checkbox"/> non la cause du sinistre se situe t'elle chez vous ?</p> <p><input type="checkbox"/> oui <input type="checkbox"/> non Etes-vous assuré en dégâts des eaux ?</p> <p>Si vous êtes occupant et que vous allez déménager avez-vous donné ou reçu congé ? avant le sinistre après le sinistre</p> <p>NATURE DES DOMMAGES</p> <p>peinture et/ou papier peint</p> <p><input type="checkbox"/> collés <input type="checkbox"/> collés</p> <p><input type="checkbox"/> agrafés ou cloués <input type="checkbox"/> agrafés ou cloués</p> <p><input type="checkbox"/> oui <input type="checkbox"/> non Ces aménagements ont-ils été exécutés à vos frais ?</p> <p><input type="checkbox"/> Autres dommages immobiliers (carrelage, parquet, plâtrerie...)</p> <p><input type="checkbox"/> Objets mobiliers</p> <p><input type="checkbox"/> Matériels ou marchandises</p> <p>Autres dommages (à préciser) _____</p>	<p>Nom _____</p> <p>Prénom _____</p> <p>Adresse _____</p> <p>Bât _____ Esc _____ Etage _____ Tél. _____</p> <p>STE D'ASSURANCES _____</p> <p>Police n° _____</p> <p>Nom, adresse de l'agent ou courtier _____</p> <p>Tél. _____</p> <p>ETES-VOUS DANS :</p> <p>*un immeuble locatif : propriétaire <input type="checkbox"/> occupant <input type="checkbox"/></p> <p>*un immeuble en copropriété : copropriétaire <input type="checkbox"/> occupant <input type="checkbox"/> non occupant <input type="checkbox"/></p> <p>locataire de copropriétaire <input type="checkbox"/></p> <p>*une maison particulière propriétaire <input type="checkbox"/> occupant <input type="checkbox"/></p> <p>NOM du GERANT ou du SYNDIC (à défaut du propriétaire) de L'IMMEUBLE _____</p> <p>Adresse _____</p> <p>Sté d'Assurance garantissant l'immeuble en dégâts des eaux : _____</p> <p>Police n° _____</p> <p>Nom, adresse de l'agent ou courtier _____</p> <p>Tél. _____</p>		
OBSERVATIONS <b>A</b> :		FAIT A LE <b>B</b> A Signatures B	OBSERVATIONS <b>B</b> :	

Partie à compléter par le syndic ou le gérant (à défaut le propriétaire) et à transmettre éventuellement à son assureur si les parties immobilières communes ou privatives ont été endommagées.

Détail des dommages : \_\_\_\_\_ Fait à \_\_\_\_\_ le \_\_\_\_\_

Signature \_\_\_\_\_



