

Allianz China General Insurance Company Ltd.
安联财产保险（中国）有限公司

Claim Notification

Policy/Endorsement No.:

Notification No.:

Insured		Address of insured	
Subject matter insured		Sum Insured	
Period of insurance		Date and time of accident	
Location of accident		Date and time of notification	
Name of reporting person		Contact details	
Description of the accident and supposed cause:			
Description of salvage:			
Please made the above statements based on the facts. Any deceptive statements and/or fraudulent actions will lead the insurance company to reject your claim			
Estimated Loss Amount:			
Allianz China General Insurance Company Ltd.:			
We hereby file our claim to you due to the above described accident and agree to submit the claim documents to substantiate our claim. Declaration: We have disclosed all the information and/or documents in utmost good faith without any fraudulent concealment.			
Signature: dd/mm/yyyy			