



Empower Results®

The damage is done – what do I do now?

This check list will help you in making and settling your claim as quickly and as simply as possible.

1st step

Please fill in the attached notification of damages form completely and truthfully. Make sure to enclose a copy of your insurance certificate. This is the only way to ensure that the claim is processed immediately. If you do not have a notification of damages form, please send us an e-mail to tv-schaden@ergo.de.

2nd step

Send as soon as possible

- a costs estimate for determining both the scope of the loss, the loss amount and the costs for reinstatement, short-termed
- a detailed report of the fitter
- photos of the damage (if possible)
- a copy of the police report in the case of damages due to theft or vandalism
- a copy of the insurance certificate

3rd step

Provided that all documents are complete we will examine the loss as quickly as possible.

In individual cases it may become necessary that the damage has to be inspected by an expert (generally damages amounting to more than 5.000 EUR). Therefore, please keep the damaged parts until the claim has been finally settled. We will contact you shortly to agree an inspection date.

4rd step

When all documents have been submitted and the claim has been finally examined, the compensation payment will be transferred to the named account. Provided that an insurance certificate was deposited by you at the lessor/creditor, a payment to your account is only possible with the agreement of the lessor/creditor. This release will be arranged by us.

**NOTIFICATION OF DAMAGES for the
insurance policy no. TB-SV 73614645.2-00444-1265 (SOLARWATT GmbH)
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 _____
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