



## Alpenverein Weltweit Service

The present contract is an Austrian contract to which Austrian law must be applied in any case, with the exclusion of the Austrian Private International Law and International Reference Provisions.

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For all contracts concluded with Österreichischer Alpenverein, Austrian law must be applied, with the exclusion of the Austrian Private International Law and International Reference Provisions.

**Please send your claim form together with all documents to:**

**KNOX Versicherungsmanagement GmbH  
Bundesstraße 23  
A - 6063 Rum**

**Tel.: +43 (0) 512 23 83 00**

**Fax: +43 (0) 512 23 83 00-15**

**E-Mail: [av-service@knox.co.at](mailto:av-service@knox.co.at)**

## Notification of claim under legal expenses insurance for policy number: 1/66/22354750

Family name, first name, title

Profession

Date of birth

Street, building number, postcode, town

Section/membership number

Membership fee paid on

Phone number

Email

### Information on the incident:

Location of the incident, country

Date of the incident

Time

### Precise description of the incident:

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Officially recorded     Yes     No

Where and against who are there proceedings pending? \_\_\_\_\_

### Details of the person(s) concerned:

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Family name, first name, title, street, building number, postcode, town

Who is to blame?

Relationship to the party concerned (complainant / injured party): relative, acquaintance, stranger?

**Property damage and/or personal injury:**

What is damaged? / What injuries were suffered? / What claims have been made?

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Are there any other legal expenses insurances with other insurance companies?

Yes  No If yes, at which company? \_\_\_\_\_

Policy number: \_\_\_\_\_

**Request for a lawyer:**

Do you wish to leave the choice of the lawyer for representing your interests up to Generali Insurances AG or do you wish to have an attorney in whom you have confidence and who is based in the court (administrative) district? The lawyer has to be instructed by Generali Insurances AG.

**Additional remarks:**

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I/we authorize Generali Insurances AG to have access to all files held by the authorities (e.g. police) concerning this particular incident.

**Privacy data consent declaration**

I herewith declare Generali Versicherung AG and KNOX Versicherungsmanagement GmbH and each of their affiliates to subject my insurance case related personal health information ("sensitive data"/"Sensible Daten") to being collected, processed and handled by the above mentioned. This for the purpose of settlement of the damage event, statistical surveys and for the purpose of assessing the contractual obligation.

**Scope of information required**

Information required are the detailed information by the named doctors, medical institutions as well as other facilities for patient care or health care, necessary for assessing the liability concerning illnesses, serious injury to health, clinically significant degeneration, infirmities and consequences of an accident related to this particular insurance case. This also includes medical documents that are essential for assessment (information on the reason of hospitalisation or out-patient treatment, on possible reasons for accident, on treatment services rendered, on duration of hospitalization or treatment as well as information on completion of treatment and discharge of hospitalization; anamnesis of the current treatment/hospitalization and status information, diagnostic results, surgical report, medical progress report, discharge summary, forensic results, etc.) and also operation and authority reports. Furthermore, I authorize Generali Versicherung AG and KNOX Versicherungsmanagement GmbH and each of their affiliates to view all documents of authorities (police, court, etc.) concerning this insurance case. To be able to assess the liability, I also agree that the insurer obtains all information necessary on, at the time of the insured event, already requested, existing or terminated personal insurances at social insurance providers, public funds for health financing and private insurance companies (with regard to double insurances).

**Consequences of cancellation**

Moreover, I have been instructed that this authorization can be revoked at any time. In the case of a later revocation, all data ascertainment, data transmission and evaluation will stop within the moment of revocation. I have been informed that in the case of refusal or a later revocation of this agreement, the policyholder or the person(s) insured is (are) responsible for acquisition of the data required for evaluation and settlement of the claim of this particular insured event and for their transmission to the insurer; I have also been informed that no claims for benefits shall be due before the insurer has received the data required to assess the obligation to perform. If data ascertainment, data transmission or evaluation of already transmitted data remain partly or completely undone, it may lead to the release of the insurer from his obligation to perform.

**Release from obligation of confidentiality**

The policy holder or the person(s) insured or entitled to benefit release(s) the abovementioned people consulted in advance of any medical or other job-related confidentiality to the extent of the declaration of consent. By my signature, I confirm to have completely and truthfully answered the above questions and that this notification of claim is correct. I acknowledge that due to the terms and conditions of the insurance policy applicable on this notification of claim and this insurance case, any incorrect statements constitute a violation of duties, which may lead to the loss of my entitlement to benefits. With my signature, I confirm that I have answered the questions expressed truthfully and completely and that the record is correct. I acknowledge that statements that are false in terms of the insurance conditions that are valid for my contract are a violation of duties, which can lead to the loss of my entitlement to benefits.

Place and date

Signature of the person insured (signed in one's own handwriting)

Please send this claim form to: **KNOX Versicherungsmanagement GmbH, Bundesstraße 23, 6063 Rum**

KNOX Versicherungsmanagement GmbH  
Bundesstraße 23  
A-6063 Rum  
Tel.: +43/(0)512/238300  
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