

ALLIANZ VERSICHERUNGS-AG

Königinstraße 28, 80802 München, Deutschland
Tel: +49 89 3800-0 | Fax: +49 89 3800-3425 | www.allianz.de

FIRST NOTICE OF LOSS — PROPERTY CLAIM SUBMISSION FORM

Claim Number: **CLM-2026-748080**

Date of Submission: **13.10.2026**

IMPORTANT NOTICE: This form must be completed in full and submitted within 60 days of the date of loss. Failure to provide complete and accurate information may result in delay or denial of your claim. All statements made on this form are subject to verification. If you need assistance completing this form, contact our Claims Department at +49 89 3800-0.

Section 1 — Claimant Information

Full Name of Claimant	Katharina Becker
Phone Number	+49 40 2345 6789
Email Address	k.becker@email.de
Policy Number	HO-38415179

Section 2 — Insured Property

Street Address	Elbchaussee 152
City	Hamburg
State	Hamburg
ZIP Code	22605

- ☐ This is the claimant's primary residence
- ☐ Claimant was present at the property at the time of the incident

Section 3 — Incident Details

Date of Incident	10.10.2026
Time of Incident	Approximately 11:00 PM
Type of Incident	Fire Damage
Description of Incident	<p>On the morning of 10.10.2026, a fire broke out in the kitchen when a fault in the dishwasher's wiring caused sparks that ignited the adjacent wooden cabinetry. The claimant smelled smoke from the upstairs bedroom and discovered the kitchen engulfed in flames. The fire brigade arrived within twelve minutes and contained the fire to the kitchen and adjoining dining area, but smoke damage extended throughout the ground floor.</p>

Emergency Response

Police Report Filed	Yes
Police Report Number	PR-778648
Emergency Services Called	Yes
Temporary Repairs Made	Yes
Temporary Repairs Description	Fire-damaged area boarded up and secured; temporary tarps placed over exposed roof sections; emergency board-up of broken windows.

Section 4 — Damage Inventory (Currency: EUR)

#	Category	Location	Description	Estimated Cost	Repair / Replace
1	Structure - Kitchen	Kitchen	Complete kitchen gutted by fire: cabinets, countertops, backsplash, and ceiling destroyed	€22,000.00	Replace
2	Structure - Walls	Dining Area & Hallway	Smoke-damaged walls and ceiling requiring stripping, treatment, and repainting	€5,500.00	Repair
3	Structure - Flooring	Kitchen & Dining Area	Tile flooring cracked from heat, hardwood in dining room charred, 35 sqm total	€7,800.00	Replace
4	Personal Property - Appliances	Kitchen	Dishwasher, refrigerator, oven, and microwave destroyed by fire	€6,200.00	Replace
5	Personal Property - Furniture	Dining Area	Antique oak dining table, six chairs, and display cabinet with smoke and heat damage	€8,500.00	Replace

Section 5 — Claim Totals

Total Structure Damage	€35,300.00
Total Personal Property	€14,700.00
Total Additional Living Expenses	€0.00
TOTAL CLAIM AMOUNT	€50,000.00

Section 6 — Declaration and Signature

Ich, der/die Unterzeichnende, erkläre hiermit, dass die in diesem Schadensmeldungsformular gemachten Angaben nach bestem Wissen und Gewissen wahrheitsgemäß, vollständig und korrekt sind. Mir ist bekannt, dass falsche oder irreführende Angaben zur Ablehnung dieses Anspruchs führen können und einen Verstoß gegen das Versicherungsvertragsgesetz (VVG) darstellen können. Ich ermächtige die Allianz Versicherungs-AG und ihre beauftragten Vertreter, die Umstände dieses Schadensfalls zu untersuchen, einschließlich der Einholung von Berichten bei Strafverfolgungsbehörden, medizinischen Einrichtungen und anderen relevanten Dritten. Ich stimme der Weitergabe aller für die Bearbeitung dieses Anspruchs erforderlichen Informationen zu. Ich nehme zur Kenntnis, dass die Einreichung eines betrügerischen Versicherungsanspruchs eine schwere Straftat nach deutschem Recht darstellt und strafrechtlich verfolgt werden kann. Ich bestätige, dass dieser Anspruch in gutem Glauben gestellt wird und alle vorgelegten Belege echt sind.



13.10.2026

Date

Katharina Becker
Signature of Claimant

ALLIANZ VERSICHERUNGS-AG
FNOL-DE-2025-01

FOR INTERNAL USE:
Adj. _____ Supv. _____ SIU _____