

Claims form

Policy number: CH00010801LI

Insurer: XL Insurance Company SE, Dublin, Zurich Branch ("AXA XL")

The completed claims form must be sent to the following address:

Mila AG, Dufourstrasse 90, CH-8008 Zurich

Phone: +41 43 508 01 92

E-mail: claim@mila.com

If a loss event occurs, the Insurer may ask you to provide it with all information required to assess the insured event or scope of its obligation to indemnify.

Self-insured retention and subsidiary cover

Claims for an amount below CHF 20,000.-- (self-insured retention) cannot be insured under Group Liability Insurance. If, in the case of an insured event, compensation can be claimed under other insurance contracts, these obligations to indemnify shall take precedence (subsidiary cover).

Important note

Any errors or omissions in the responses to the questions below, whether deliberate or owing to gross negligence, may result in the Insurer's full or partial release from the obligation to indemnify.

Mila Friend/Pro

| | | | |
|------------------|-------|------------|-------|
| Last name | _____ | First name | _____ |
| Street + no. | _____ | Phone | _____ |
| Postcode + place | _____ | E-mail | _____ |

Date/time and place of loss event

Date and time _____

Street, postcode, place _____

Claimant's details

| | | | |
|------------------|-------|------------|-------|
| Last name | _____ | First name | _____ |
| Street + no. | _____ | Phone | _____ |
| Postcode + place | _____ | E-mail | _____ |

Incident and claim

Eyewitness(es) to the incident

(name, address, phone number) _____

Official fact-finding report ja Yes
 No nein No

Opinion on responsibility

Reason:

- Faulty material, wrong setup
- Mila Friend/Pro is culpable
- Claimant or a third person is culpable

Property damage

What property was damaged? _____

Approximate amount of loss _____

Where can the property be inspected? _____

Personal injury

Type of injury _____

Approximate amount of loss _____

Health insurance/accident insurance _____

Attending physician (exact address) _____

Personal liability insurance and/or general commercial liability insurance

Insurer _____

Policy no. _____

The Insured Person may not acknowledge any claims for damages without approval by AXA XL. He or she hereby allows AXA XL to inspect records and to collect information from physicians. Furthermore, he or she acknowledges that AXA XL sends the information required for the processing of the claim to third parties such as other insurers/co-insurers and collects similar information from them.

Place and date

Signature(s) of the Policyholder