

Versicherungsombudsmann e.V.  
Postfach 08 06 32  
10006 Berlin

**Please fill in the request for conciliation carefully and completely, sign it and send it back to us. Thus you accelerate the handling of your complaint. Please use the address mentioned above or the fax number 0800 369 9000 from Germany or +49 30 206058 99 from abroad.**

**Details of the complainant**

Name, first name \_\_\_\_\_

Date of birth \* \_\_\_\_\_

Street \_\_\_\_\_

ZIP, city \_\_\_\_\_

Telephone (daytime) \* \_\_\_\_\_ office / private

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

**Please fill in only**, if you would like another person to act on your behalf (e. g. lawyer or relative)

Name, first name or company \_\_\_\_\_

Street \_\_\_\_\_

ZIP, city \_\_\_\_\_

Telephone (daytime) \* \_\_\_\_\_ office / private

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

### Information about the insurance contract

Please complete the following details **or enclose a copy of the insurance documents** (policy etc.)

Name and address of

Policy holder

(if different from the complainant)

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Name of insurance company

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Insurance police number

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Damage number /

File reference (if known)

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Class of insurance

(e. g. life insurance)

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**Please fill in only**, if you would like to complain about an **insurance intermediary (agent)**

Name

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Address

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Telephone / fax \*

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### Further details

Have you already claimed at your insurance company?  
(If yes, please state the date (if possible))

yes  no

Do you have a written answer of the insurance company?  
(If yes, please send us a copy of the answer)

yes  no

Have you already claimed at court?

yes  no

Have you also claimed at the insurance supervision association  
(e. g. BaFin)?  
(If yes, please forward us their statement, if you have received it  
already.)

yes  no

**What are you aiming at with your complaint?** (e. g. payment; continuation of the contract; cancellation of policy; confirmation of cover).

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**Facts of the complaint**

Please explain the facts of your complaint. Therefore you should list the relevant correspondence and the conversation in chronology (if possible with dates). If possible, please enclose copies of the correspondence.

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If applicable, please use the back of the page

**Declaration of consent**

I want the Ombudsman to handle my complaint.

I agree that

- you save and use my personal data for purpose of the arbitration process (and also give information to the concerned insurance company).
- you publish my complaint as an anonymous example.

Date \_\_\_\_\_

Signature \_\_\_\_\_