

## Questionnaire relating to tooth damage caused by food

Insured person

Last name, first name

Insurance no.

1 When did the accident take place?

Date

2 When did you first go to a dentist about this problem?

Date

3 Please describe the precise events of the accident

4 Which food did you eat?

5 If you ate fruit with stones, was the fruit:

stoneless

not stoneless

6 Could you see or feel the hard object after the event?  No

Yes

More details

7 a) Where did you buy the product?

b) When did you buy the product?

c) Who bought the product?

8 Did you report the event to the store or restaurant?  No

Yes

More details

Continuation on next page

---

**Insured person**

---

---

Last name, first name

---

---

Insurance no.

---

---

9 a) Have you shown the evidence?  No  Yes

---

b) Where is the evidence now?

---

---

---

---

---

10 a) Are there any witnesses?  No  Yes

---

b) Details of the first witness

---

Last name, first name

---

---

Street, no.

---

---

Postcode, town/city

---

c) Details of the second witness

---

Last name, first name

---

---

Street, no.

---

---

Postcode, town/city

---

d) Details of the third witness

---

Last name, first name

---

---

Street, no.

---

---

Postcode, town/city

---

---

I hereby confirm the accuracy of this information.

---

Place and Date

---

Signature of the insured person/legal representative

---

---

It is important to note that the term accident is defined in the law. An accident occurs when an injury to the human body occurs suddenly and unintentionally as a result of an external influence. However, the external factor must be known. This condition is met if you have seen the object and can describe it. If you merely suspect that there was an object in your food, under current case law this does not constitute sufficient evidence for us to cover the costs.