

# General claims declaration form

Assurance advisor number: \_\_\_\_\_

Assurance advisor client number: \_\_\_\_\_

Claim number company: \_\_\_\_\_

Claim number assurance advisor: \_\_\_\_\_

**Insurance type**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Jewellery/fur/<br>Collections | <input type="checkbox"/> Baggage/<br>Camping equipment | <input type="checkbox"/> Liability Private       |
| <input type="checkbox"/> Fire/extended                 | <input type="checkbox"/> Glass                         | <input type="checkbox"/> Liability Companies     |
| <input type="checkbox"/> Company damage                | <input type="checkbox"/> Picture and sound/Antenna     | <input type="checkbox"/> Caravan (disconnected)  |
| <input type="checkbox"/> Instruments                   | <input type="checkbox"/> Cash                          | <input type="checkbox"/> Illuminated advertising |
| <input type="checkbox"/> Leisure vessels               |  |  |
| <input type="checkbox"/> Houseboats                    |  |  |
| <input type="checkbox"/> Bicycle                       |  |  |

**Industry and policy number(s):** \_\_\_\_\_ **C.B.C. No.:** \_\_\_\_\_

**Policy holder:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal code and city:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Profession/company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Bank/postal account number:** \_\_\_\_\_ **Right to deduct VAT**  Yes  No

**1 Has this damage been reported yet**  Yes  No  
If yes, when and to whom \_\_\_\_\_

**2 Are you insured against this damage elsewhere**  Yes  No  
Insured amount \_\_\_\_\_ €  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**Are certain objects insured separately (e.g. jewellery, stamps, etc.)**  Yes  No  
Insured amount \_\_\_\_\_ €  
Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**3 Damage date** 20 \_\_\_\_ time: \_\_\_\_\_  AM  PM  
Place/address of the damage \_\_\_\_\_

Are there signs of forced entry  Yes  No  
Cause of the damage \_\_\_\_\_  
Description of the Situation \_\_\_\_\_

(If necessary, add a situational sketch and/or explanation on a separate sheet)

<b>4 Details of damages and/or missing object</b>	Frame and motor No.	Year of construction	Date purchase	Purchase amount	Estimation of the damage
Make, type, name (possibly item no. on policy)	_____	_____	_____	€ _____	€ _____
_____	_____	_____	_____	€ _____	€ _____
_____	_____	_____	_____	€ _____	€ _____

**Glass/Plastic** \_\_\_\_\_ x \_\_\_\_\_ cm  Single  Double  
Is the glass broken and/or otherwise defective and if yes, describe the damage  Yes  No  
Is/will the damage be repaired with the same type of glass  Yes  No new type of glass \_\_\_\_\_  
Were any emergency provisions applied  Yes  No At what amount € \_\_\_\_\_  
Is the property inhabited  Yes  No

**5 Can the damage be repaired**  Yes  No At what amount € \_\_\_\_\_

**6 Who will perform the repairs**  
Name, address and phone \_\_\_\_\_

Where and when can the damage be recorded \_\_\_\_\_

Have the repairs taken place yet  Yes  No At what amount € \_\_\_\_\_

Add receipts and/or damage budget

**7 (Leisure) vessels**

Was the vessel

- Propelled by sail
- Propelled by motor
- Participating in a competition
- Continuously inhabited
- Moored
- Leased

**8 Who caused the damage**

(Name, address and date of birth)

What is your relationship with this person  
(Family, employment, etc.)

Are there any accomplices

- Yes  No

If yes, name, address and date of birth

What was the damage caused with  
What was the above person doing when the damage  
was caused

**Which authority was this reported to**

Please add statement of declaration  
(Possibly from hotel, transport company, camping site etc.)

- Municipal  National  Military police, Date: \_\_\_\_\_

At what bureau: \_\_\_\_\_

**10 Who witnessed the event**

(Full names and addresses)

**11 Do you feel the damage can be recovered from someone else**

If yes, full name, address and phone

- Yes  No

Why do you feel this way

With what company is this person insured against that

Policy No.: \_\_\_\_\_

**12 Damage to others (Liability) Submission of received letters, receipts and the like is absolutely necessary**

In what capacity are you held liable

- Private individual  Company

What damage was inflicted

- Personal injury  Material damage

Who is the aggrieved party  
(Name, address, postal code and city)  
Bank/postal account number and phone

Date of birth: \_\_\_\_\_

What is their relationship to you and to the causer, respectively

Please provide a brief description of the injury  
and/or material damage

Where is the aggrieved party located  
(Name and address of institution)

Is this aggrieved party insured against this damage

- Yes  No

If yes, with what company

Policy No.: \_\_\_\_\_

Has the damage been reported there

- Yes  No

**The undersigned declares**

- to have answered these questions and queries to the best of their knowledge, accurately and in accordance with the truth, without withholding and particularities with regard to this damage;
- to provide this claim declaration form, and any further information to be provided, to the company to be used to determine the scope of the damage and the right to a claim;
- to be aware of the content of this form.

<b>City</b>	<b>Date</b>	<b>Signature of policy holder</b>
-------------	-------------	-----------------------------------

The provided information may be processed in the Central Damage Information System. The privacy policy of Stichting CIS applies to that registration.

**To be filled out by the insurance intermediary**

Reported to company  In writing  By phone  
Date: \_\_\_\_\_

Is the insured amount sufficient  Yes  No  
Index:  Yes  No

Attachment(s)  Statement of declaration  
 Repair budget/receipt  
 Liability  
 Other, namely: \_\_\_\_\_

If no, what should it be \_\_\_\_\_

What is the reason for underinsurance \_\_\_\_\_

Explanation \_\_\_\_\_

<b>City</b>	<b>Date</b>	<b>Signature</b>
-------------	-------------	------------------