

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/
Collections | <input type="checkbox"/> Baggage/
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)

4 Details of damages and/or missing object	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.

City	Date	Signature of policy holder
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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 _____

City	Date	Signature
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