

CLAIM NOTIFICATION FORM LIABILITY / ACCIDENTS

Policy information

Policy number _____
Claim number (if available) _____
Policy holder _____
Address _____
Postal code and Place _____
Telephone number _____
IBAN number _____
Entitled to deduct V.A.T.? Yes No

Information of the incident

Date of the accident _____ - _____ - 20____

In which capacity are you held liable? Company Employer

Description of the event and why you are held liable

Attach a copy of the written claim

Who is the claimant?

Name _____
Address _____
Place _____
Telephone number _____
Date of birth _____
E-mailadres _____
KvK nr _____
Relation tot the claimant _____

What is the nature of the damage? bodily injury material damage

Can you provide an estimate of the loss amount? _____

Description of the injury or complaints

Does the claimant have an insurance policy that might cover the damage?

No Yes, insurance company _____ Policy nr _____

Contactperson for this claim

Name _____

Telephone number _____

E-mailadres _____

Other

Are there any other circumstances that might be relevant for this claim?
