

General claim form

Note! Complete this form digitally.
Open the file in Adobe Acrobat to use the fill-in functionality in the document.



Insurance details

Intermediary OpGroen Verzekeringen B.V. Nature of insurance _____
Client number _____ Policy number _____

Policy holder

Name and initials _____
Address _____
Postcode _____ Place _____
Telephone _____
E-mail _____
IBAN _____
Reference number _____

Are you subject to VAT? Yes No

Has this damage been reported already? Yes No

If yes, to _____

Are you insured elsewhere against this damage or loss? Yes No

If yes,
Company _____ Policy number _____
Sum insured EUR _____

Have you taken out a separate policy for any of the items? Yes No

(e.g. jewellery, stamps etc.)
If yes,
Company _____ Policy number _____
Sum insured EUR _____

Cause/assignment of damage

Date of damage _____ Time _____ P.M. A.M.

Address/location of the damage _____

Is there any damage by burglary? Yes No

Cause of the damage

Describe how the damage/loss occurred (If necessary you can add a separate page for more information)

Details of the lost/damaged items

Brand	Type	Name	Purchased on	Price	Amount claimed
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€
				€	€

Can the damage be repaired? Yes No

If yes, for EUR _____

Who will repair the damage? Name, address and tel. no. of the repairer

Name _____

Address _____

Telephone _____

Has the damage already been repaired? Yes No

If yes, for EUR _____

Where can the damage be assessed? _____

In case of damage to the house or its contents

Was the house being inhabited when the damage occurred? Yes No

Pleasure craft

The craft was sailing engine hired out
 under sail moored match

Who caused the damage?

Name _____ Date of birth _____
Address _____

What is his/her relation to you? _____

Was another person responsible (as well)? Yes No

If so,

Name _____ Date of birth _____

Address _____

Insured with _____ Policy number _____

What caused the damage? _____

Have you reported the incident to the police? Yes No

Are there witnesses? Yes No

Name _____ Date of birth _____

Address _____

Damage to third party (liability) It is very important to enclose correspondence, invoices etc.

You are held responsible as a Private person Company

Are there any bodily injuries? Yes No

If yes, what is their nature? _____

Please describe _____

Details of the injured person

Name _____ Date of birth _____

Address _____

IBAN _____

Subject to VAT? Yes No



What is your relationship to the person who caused the injury? _____

Is the injured person insured?

Yes No

Company _____

Policy number _____

Has the damage been reported there?

Yes No

Claim reference _____

Privacy

We use the private data that you provide in this document to process your request for information, quotes and financial products. We also use this private data to contact you, if necessary, about the quote, to arrange the insurance and regarding the services we provide. We handle your data with due care. We also require this from other parties with whom we share your data. More information about how we handle your private data is available in our Privacy Statement, At www.aonverzekeringen.nl/privacyverklaring.

Signature

The undersigned declares:

- that to the best of his/her knowledge, he/she has answered the above questions and given the above statements correctly and in accordance with the facts and that he/she has not withheld any information relevant to the claim;
- that he/she is submitting this insurance claim and any information to be provided later to the insurance company to determine the extent of the damage(s) and the right to compensation;
- that he/she has read and is aware of the contents of this form.

Name and position

Date and place

Signature

Return address

You can send this form to postbus 3623, 4800 DP Breda or e-mail to schademelding@aon.nl.

Disclaimer

The personal details entered on this form or to be submitted subsequently may be incorporated in the clients 1 records kept by the insurer with whom you are insured or who holds you to be liable. These records have been registered with the Records Chamber. A copy of the registration form may be inspected at the offices of this insurer. The information provided may also be incorporated in the Central Information System of the insurance companies operating in the Netherlands, which is owned by CIS, residing at Huis ter Heideweg 30 in Zeist, P.O. Box 124, 3700 AC, ZEIST. OpGroen Verzekeringen B.V. was authorised to process personal information and registered as such at the Records Chamber on 1 February 1994 and on 9 August 2002 at the College for the Protection of Personal Information (or: "College Bescherming Persoonsgegevens").

OpGroen Verzekeringen B.V. is registered with AFM under number 12049825. OpGroen Verzekeringen B.V. has its registered office in Rotterdam and is registered with the Chamber of Commerce under number 91898080.

