

Insured : Insurance :
Policy number : Reference no: -----

Who caused the damage? _____
Name, address, date of birth _____
What is his/her relation to you? _____
Was another person responsible (as well)? 0 yes 0 no
If so, name, address and date of birth _____
Insured with _____ Policy number _____
What caused the damage? _____
Have you reported the incident to the police? 0 yes 0 no
Are there witnesses? 0 yes 0 no
Name, address and date of birth _____

Damage to third party (liability)

It is very important to enclose correspondence, invoices etc.

You are held responsible as a 0 private person 0 company
Are there any bodily injuries 0 no 0 yes
If yes, what is their nature? Please describe _____

Details of the injured person Name _____
Address _____
Age _____
Bank/giro _____

Subject to VAT? 0 no 0 yes
What is your relationship to the person who caused the injury? _____
Is the injured person insured? 0 no 0 yes
Company _____ Policy number _____
Has the damage been reported there? 0 no 0 yes Claim reference _____

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.

City: Date: Signature of insured:

The personal details entered on this form or to be submitted subsequently may be incorporated in the clients' 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. Kröller Assurantiën 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").