



# Notification of claim



## Property

Fire  Storm  Glass  Burglary  Machinery  Water  Other

### 1 Personal details

Policy number

Claim number

Policyholder (name)

Telephone

Fax

Address (street, box or suchlike)

Postal address (postal code and town/city)

Company registration no./social security no.

Required to maintain VAT accounting records Yes No

Postal giro/Bank giro/Bank account no.

Contact person

Telephone

Mobile phone no.

E-mail

### 2 Location of loss

District

Street and no.

Town/city/Country

### 3 Loss occurrence

When did the loss occur?

Year

Month

Day

time

Where? (Premises, apartment or suchlike)





## 6 Signature

Place

Date

Policyholder's signature

Clarification of signature

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*Because change happenz™*