

## Claim form private liability

Please fill in all the requested details and make a copy for your own administration. You can download a new form on [www.hollandzorg.com](http://www.hollandzorg.com)

Policy number .....

### POLICYHOLDER

Name .....

Address .....

Place of residence ..... Telephone .....

E-mail ..... (Post)bank number .....

### THE INSURED / THE DAMAGE ORIGINATOR

Name .....

Address .....

Land of origin ..... Date of birth .....

Place of residence ..... Telephone .....

E-mail ..... (Post)bank number .....

### 1. REPORT DAMAGE

Has the damage already been reported?  Yes, when? .....  No

### 2. OTHER INSURANCE

Are you insured elsewhere that might cover these costs?  Yes  No

Insurance company ..... Policy number .....

Type of insurance ..... Insured sum .....

Have you reported the damage with the insurance company?  Yes  No

Are certain objects such as jewelry, instruments and other valuables insured separately?  Yes  No

### 3. PARTICULARS OF CLAIM

Date of damage ..... Day ..... Month ..... Year .....

Place/address of damage ..... state location for example, kitchen, garden etc.)

### 4. DESCRIPTION OF ALL RELEVANT FACTS OF THE CASE ( WHAT HAPPENED? )

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

### 5. REPAIR

Is the damage going to be repaired?  Yes, for what amount? .....  No

Has the reparation already been performed?  Yes, for what amount? .....  No

(Please attach invoice or estimate of the costs)

## 6. DAMAGE TO THIRD PARTY (LIABILITY)

*It is absolutely necessary that you send all correspondence between parties*

What kind of damage was inflicted?  Material  Personal

Who is the third party? Name & initials \_\_\_\_\_  
address \_\_\_\_\_ Postal code & Place \_\_\_\_\_  
Date of birth \_\_\_\_\_ (Post)bank number \_\_\_\_\_  
Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

What is the relationship between you and the injured person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the third party insured for the concerning damage?  Yes  No

If so, which insurance company? \_\_\_\_\_ Policy number \_\_\_\_\_

Is the claim reported there?  Yes  No

## 7. REDRESS

Are you of opinion that the damage can be redressed?  Yes  No

If so, state full name, address, e-mail, telephone \_\_\_\_\_

\_\_\_\_\_

## 8. DECLARATION

Insured declares that he/she has filled in the claim form as best to knowledge and truthfully without withholding any information that could have influence on the claim. Providing false information or deliberate cause of damage will exclude all coverage from this insurance.

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature policyholder \_\_\_\_\_ Signature Insured \_\_\_\_\_

## RETURN ADDRESS

Please send this original completely filled in form to:

Mondial Assistance  
Afdeling Schade  
Postbus 9444  
1006 AK Amsterdam

Tel: +31 (0)570 687 123 - Fax: +31 (0)570 687 300 - Email: [info@hollandzorg.com](mailto:info@hollandzorg.com) - Internet: [www.hollandzorg.com](http://www.hollandzorg.com)