

DAMAGE APPLICATION FORM RESIDENTIAL / BUSINESS ASSETS

General

Claim number : _____
Policy number : _____
Damage date and time : _____
Risk Type : ☐ building
☐ furniture
☐ inventory/ Goods
☐ _____



Facts : ☐ Spreading fire ☐ Forest fire ☐ AHA
☐ Short circuit ☐ Theft
☐ Overload ☐ Break-in
☐ Arson ☐ Lightning ☐ Other

Repair company : _____
Enabled : ☐ yes ☐ no, because _____

Insured/Contact Person Details

Name : _____
Spoken with : ☐ insured ☐ spouse ☐ _____
Date of birth : _____
IP number : _____
Address and Tel.nr. : _____
E-mail and ID number : _____
Marital status : ☐ married ☐ single ☐ cohabiting
☐ widow ☐ divorced
☐ partner date of birth : _____
profession/com : _____
pany : _____
Children living in : ☐ yes, quantity :__ ☐ no

Company information

Company (type) : _____ ☐ number of employees _____
Legal form of company : ☐ Public limited company ☐ VOF ☐ Sole proprietorship ☐
☐ Otherwise : _____
Chamber of Commerce details: _____
Bank account : _____ in name of _____

Insurance history

Insured with Assuria since : ☐ number of years _____
Previous damage suffered : ☐ no
☐ yes, namely _____
Previous insurer(s) : ☐ n/a ☐ not known ☐ pnr.

Risk description

Risk address	:			
Type of property	:			
Bouwaard	:	<input type="checkbox"/> stone/tiles	<input type="checkbox"/> stone/bitumen	<input type="checkbox"/> wood/pans
		<input type="checkbox"/> otherwise		
Upper floor	:	<input type="checkbox"/> concrete	<input type="checkbox"/> wood	
Year of construction	:	<input type="checkbox"/> resident/owner since: _____		
Property owner	:	<input type="checkbox"/> insured	<input type="checkbox"/> _____	
Maintenance condition of the building	:	<input type="checkbox"/> good	<input type="checkbox"/> reasonable	<input type="checkbox"/> moderate <input type="checkbox"/> bad
		possibly. explanation _____		
Maintenance condition of the contents	:	<input type="checkbox"/> good	<input type="checkbox"/> reasonable	<input type="checkbox"/> moderate <input type="checkbox"/> bad
Inventories	:	possibly. explanation _____		
Adjacent	:	<input type="checkbox"/> non-hazard-increasing adjoining <input type="checkbox"/> _____		
Prevention	:	<input type="checkbox"/> advice _____ control clauses _____		
Alarm present	:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Control room logbook	:	<input type="checkbox"/> yes	<input type="checkbox"/> no	

THIS SECTION IS FILLED IN BY ASSURIA**Reconstruction value calculation/check of the insured sum**

Insured amount	:	<input type="checkbox"/> sufficient	<input type="checkbox"/> insufficient, must be SRD/USD/EURO
Discussed with verz.	:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other insurances	:	_____	
Co-Insurance	:	_____	
Mortgage details	:	_____	

Police information (where applicable)

PV-nr	:	_____		
Research	:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Result	:	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not known
PV taken	:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Receiving PV from OG	:	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Fire brigade information (where applicable)

Fire brigade on site	:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Details	:	_____	

Salvage (where applicable)

Salvage stock	:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Namee Coordinator	:	_____ Message number: _____	
Action taken	:	_____	
Weather report	:	<input type="checkbox"/> yes	<input type="checkbox"/> no

Description of the circumstances and cause

[illegible]

Annotations

[illegible]

Follow No.	Header	Description of damaged or missing items that have been the specified event will be claimed	Description (evidence) documents)	Year purchase	Claimed amount	Adopted Damage amount	WM

Heading: AV=Audio/Visual; S=Jewelry; I=Household effects; G = Money-worthy and money-worthy paper; HB=Tenants' interest etc.

WM= value measure used (NW = new value; DW=current value; HS=recovery; HB=reconstruction value; Ink = purchase value; Sale = sales value; WM=Depreciation; TR=Transaction

Signature and date: