

Industrial Insurance Group Belgium NV - SA®

Claim form

Name of intermediary: _____

Policy number: _____

Policyholder: _____

Address: _____

Telephone number: _____

Mobile number: _____

Bank account number: _____

Can you deduct VAT? Yes No

Has this incident already been reported?
If yes, when and to whom: _____

Do you have another insurance policy
that also covers this incident? No Yes, with:

Insurance company: _____

Policy number: _____

Claim date: _____

Address of incident: _____

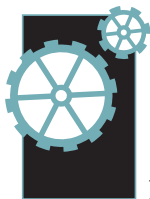
Are there signs of forced entry? _____

Have you already reported
the incident to the police? No Yes, please enclose the police report.

Cause/description of the damage:

Details of damaged and/or missing items:

Brand/type/name:	Date of purchase	Purchase amount	Amount claimed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Glass: _____ m² Single Double

What is the nature of the damage? _____

Will the damage be repaired with equivalent glass? Yes No, please enclose specification

Have emergency measures been taken? No Yes, please enclose specification

Is the building empty? No Yes, since:

Can the damage be repaired? No Yes, what will be the repairs cost? € _____

Have the repairs already been carried out? No Yes, please enclose estimates/invoices.

Who will conduct the repair work?

Name: _____

Address: _____

Telephone number: _____

Where and when can the damage be assessed? _____

Who caused the damage?

(name, address, date of birth and telephone number)

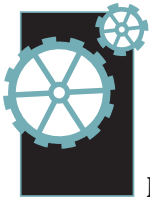
What is your relationship with this person?

(family, employment, other) _____

Are there accomplices? No Yes, please enclose specification

Who witnessed the incident?

(name, address, date of birth and telephone number)



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Can the damage be recovered from someone else?
(name, address, date of birth and telephone number)

No

Yes, please provide details.

Why do you consider that the damage can be recovered?

*If the damage concerns Liability damage, please complete the following questions.
Otherwise, please complete the form by signing it.*

Damage to (belongings of) a third party:
In what context are you being held liable:

Private

Business

What damage was caused:

Personal injury

Material damage

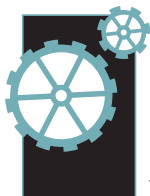
Who is the injured party?
(name, address, date of birth and telephone number)

Bank account number: _____

What is your relationship with this person/perpetrator?
(family, employment, other) _____

Please give a brief description of the nature of the injury and/or material damage:

In the event of injury; where is the person concerned? (name and address of hospital/institution)



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Is the injured party itself insured for this incident?
company? _____

No

Yes, with which insurance

Policy number: _____

Has the incident already been reported?

No

Yes

I the undersigned declare that:

- I have answered the questions and completed the statements above to the best of my knowledge, correctly and in accordance with the truth;
- I have not concealed any specific information regarding the incident;
- I submit this claim form and will provide any further information to the insurance company so that the extent of the damage and my right to compensation can be assessed;
- I have taken note of the contents of this form.

Town/city

Date

Signature of Policy holder / Insured party

To be completed by the via the intermediary:

The incident has already been reported

in writing

by telephone

On (date) / by (name) _____

Completed by (name): _____

Telephone number: _____