

Type of insurance

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Policy number

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### 1. Policyholder

Surname and initials

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Address (not a P.O. Box)

---

Postcode and town/city

---

Occupation/business

---

Telephone (work)

---

Telephone (mobile)

---

Email address

---

IBAN

---

Can you deduct VAT

Yes  No

This loss was reported on

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### 2. Details of the loss

Date and time of the loss

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Address

---

Postcode and town/city

---

Cause of the loss/description  
of the circumstances

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Evidence of forced entry

Yes  No

Have you reported your loss or theft  
to the authorities?

Yes *Please enclose proof of declaration*

No, because

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#### Witness 1

Surname and initials

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Address (not a P.O. Box)

---

Postcode and town/city

---

Telephone

---

#### Witness 2

Surname and initials

---

Address (not a P.O. Box)

---

Postcode and town/city

---

Telephone

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*If necessary, enclose an outline of the situation and/or explanation on a separate piece of paper*

### 3. Information regarding damaged and/or lost goods

Enclose the original purchase receipts

Brand/Type \_\_\_\_\_

Chassis and/or engine number \_\_\_\_\_

Year of construction \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase price \_\_\_\_\_

Estimate of the loss \_\_\_\_\_

Visible damage/bodily injury \_\_\_\_\_

#### Who will perform the repair

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

Telephone \_\_\_\_\_

Has the repair already been performed  Yes  No

Where and when can the damage be assessed? \_\_\_\_\_

#### Glazing damage

Please enclose invoice or quotation

Details of the window  Glass  Plastic  
 Single glazing  Double glazing

Is the glass broken and/or otherwise faulty  Yes  No

Are the premises occupied  Yes  No

Were temporary measures applied  Yes  No

If so, how much did these cost € \_\_\_\_\_

### 4. Who caused the loss

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode and town/city \_\_\_\_\_

Email address \_\_\_\_\_

Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_

Your relationship to him/her

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What caused the loss

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### Insurance company of third party, if applicable

Insurance company

---

Policy number

---

Are other parties involved

- No  
 Yes, as below

Name

---

Address

---

Postcode and town/city

---

Telephone

---

Date of birth

---

Why is this party involved

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## 5. Third party liability

In what capacity are you held liable

- Private individual       Commercial

What is the nature of the damage

- Personal injury       Material damage

Name of the injured party

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Address

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Postcode and town/city

---

Email address

---

Date of birth

---

Telephone

---

Bank account number

---

What is his/her relationship to you and to the person who caused the loss

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Is this injured party insured for this loss

- No  
 Yes, see below

Insurance company

---

Policy number

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Has the loss been reported to the insurer

- Yes       No

## 6. (Pleasure) crafts

The craft was

- Afloat under sail       Afloat using the engine  
 Participating in a contest  
 Continuously occupied  
 Tied up and/or rented

## 7. Other insurances

Are you insured elsewhere for this loss

- No  
 Yes, see below

Sum insured € \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Are specific goods (e.g. jewellery/stamps, etc.)  
insured separately

- No  
 Yes, see below

Description \_\_\_\_\_

Sum insured \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

## 8. Signature

*Completed to the best of my knowledge and truthfully*

Town/city

\_\_\_\_\_

Date

\_\_\_\_\_

Policyholder's name (applicant)

\_\_\_\_\_

Policyholder's signature (applicant)\*

\_\_\_\_\_

*\* A signature is not required for a digital submission*

### Digital submission

Save this filled-in form and  
attach it to an e-mail to

[info@meijers.nl](mailto:info@meijers.nl)