

## Loss notification form for Liability covers

### Algemeen

**Claimnumber** : \_\_\_\_\_  
 Policynumber : \_\_\_\_\_  
 By order of : \_\_\_\_\_  
 Name of adjuster : \_\_\_\_\_  
 Date of loss : \_\_\_\_\_  
 Type of risk : ☐ General liability  
                                   ☐ Garagekeepers liability  
                                   ☐ Other: \_\_\_\_\_

### Gegevens tegenpartij

Name : \_\_\_\_\_  
 Contact person : ☐ Insured ☐ spouse ☐ \_\_\_\_\_  
 Date of birth : \_\_\_\_\_  
 Occupancy : \_\_\_\_\_  
 Uitkering/ pensioen: : \_\_\_\_\_  
 Dependent children: : ☐ yes, number \_\_\_\_\_ ☐ no ☐ no of employees \_\_\_\_\_  
 Type of company: : ☐ \_\_\_\_\_ ☐ Partner ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
 Legal form of the : ☐ LLC ☐ ship/ ☐ Sole proprietorship: Other : \_\_\_\_\_  
 company: ☐ firm  
 Registration of chamber : \_\_\_\_\_  
 of commerce: \_\_\_\_\_  
 Bank account: : \_\_\_\_\_ in name of \_\_\_\_\_  
 Other types of insurances : \_\_\_\_\_ policynumber \_\_\_\_\_

### Gegevens verzekerde

Name: : \_\_\_\_\_  
 Spoken with: : ☐ insured ☐ spouse ☐ \_\_\_\_\_  
 Date of birth: : \_\_\_\_\_  
 Occupancy: : \_\_\_\_\_  
 Allowance/ pension: : \_\_\_\_\_  
 Marital status: : ☐ married ☐ single ☐ concubinage  
                                   ☐ widow(er) ☐ divorced  
                                   ☐ partner : \_\_\_\_\_  
                                   date of birth : \_\_\_\_\_  
                                   company/occupancy : \_\_\_\_\_  
 Dependent children: : ☐ yes, no \_\_\_\_\_ ☐ no ☐ no of employees \_\_\_\_\_  
 Type of company: : ☐ \_\_\_\_\_ ☐ Partner ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
 Legal form of the compan : ☐ LLC ☐ ship/ ☐ Sole proprietorship: Other : \_\_\_\_\_  
 : ☐ firm  
 Registration of chamber : \_\_\_\_\_  
 of commerce: \_\_\_\_\_  
 Bank account: : \_\_\_\_\_ in name of \_\_\_\_\_  
 Other types of insurances : \_\_\_\_\_