

Claim report form

Policy number

Policy holder

Phone number

E-mail

Claim date

Where did the damage occur (city & country)?

How did the damage arise? / What happened?

Which items are involved?

	Item	Brand / Model	Serial number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

We kindly ask you to send this form to webschade@dsv-insurance.nl.
We'll get in touch with you within 3 working days.