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RPR Brussel 0863.179.145

FSMA membership 100460

Bank accounts ING Belgium IBAN / SEPA: BE35 3630 0902 0737

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 repo	orted?			
Do you have another insurance poli that also covers this incident?	icy	□ 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 enclo	se the police report.
Cause/description of the damage:				
Details of damaged and/or missing Brand/type/name:	; items:	Date of purchase	Purchase amount	Amount claimed

