

Marsh Nederland Postbus 232 3000 AE Rotterdam T 010 40 60 600 www.marsh.nl

CLAIM NOTIFICATION FORM LIABILITY / ACCIDENTS

Policy information						
Policy number						
Claim number (if available)						
Policy holder						
Address						
Postal code and Place						
Telephone number						
IBAN number						
Entitled to deduct V.A.T.?	☐ Yes ☐ No					
Information of the inc	cident					
Date of the accident	20					
In which capacity are you held liable? Company Employer						
Attach a copy of the written claim	ent and why you are held liable					
Who is the claimant?						
Name						
Address						
Place						
Telephone number						
Date of birth						
E-mailadres						
KvK nr						
Relation tot the claimant						
What is the nature of the d	amage?					
Can you provide an estima	ite of the loss amount?					

Bezoekadres: Marsh B.V., Groot Handelsgebouw, Conradstraat 18, 3013 AP Rotterdam Bank: ABN-Amro IBAN NL17 ABNA 0259 9909 06 BIC ABNANL2A Handelsregister Rotterdam nr. 24120005, AFM vergunning nr. 12010064



Does the claimant have an insurance policy that might cover the damage? ☐ No ☐ Yes, insurance company Policy nr Contactperson for this claim	iption of the injury o	complaints		
•				
Name Telephone number E-mailadres	none number	claim		
Other Are there any other circumstances that might be relevant for this claim?	· -	tances that might be rel	evant for this claim?	