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| GRIM_LOGO_briefpapier  **Schadeformulier algemeen (zakelijk)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | **Gegevens betreffende verzekering** | | | Soort verzekering: |  | | Polisnummer(s): |  | | Verzekeraar: |  | | |  | | --- | |  | | | | **Gegevens verzekeringnemer** | | | Bedrijfsnaam: \* |  | | Straat en huisnummer: \* |  | | | |  |  | | --- | --- | | Postcode en plaats: \* |  | | Plaats: \* |  | | IBAN rekeningnummer: \* |  | | |  | | --- | |  | | | | **Contactpersoon** | | | Invuller formulier: \* |  | | E-mailadres: \* |  | | Telefoon: \* |  | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  | | --- | |  | | | | **Schademelding** | | | Is deze schade al bij ons gemeld? \* | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Ja |  |  |  | Nee | | | Wanneer heeft u de schade gemeld? | |  |  |  | | --- | --- | --- | |  |  | Kies van kalenderdd-mm-jjjj | | | Hoe heeft u de schade gemeld? |  | | Aan wie heeft u de schade gemeld? |  | | Heeft u van ons al een schadenummer ontvangen? \* | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Ja |  |  |  | Nee | | | Wat is het schadenummer? |  | | |  | | --- | |  | | | | **Datum van de schade** | | | Schadedatum: \* | |  |  |  | | --- | --- | --- | |  |  | Kies van kalenderdd-mm-jjjj | | | Hoe laat? |  | | |  | | --- | |  | | | | **Plaats van de schade** | | | Soort locatie: |  | | Adres: |  | | Plaats: |  | | |  | | --- | |  | | | | **Veroorzaker** | | | Is de schade door iemand die in dienst is van het bedrijf (eigenaar of werknemer) veroorzaakt? \* | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Ja |  |  |  | Nee | | | Is de veroorzaker bij u bekend? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Ja |  |  |  | Nee | | | Is de schade veroorzaakt door een instantie of persoon? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Instantie |  |  |  | Persoon | | | Geslacht: \* | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Man |  |  |  | Vrouw | | | Voornaam / voorletters: \* |  | | Achternaam: \* |  | | Bedrijfsnaam: \* |  | | Contactpersoon: \* |  | | Adres: |  | | Postcode: |  | | Woonplaats: |  | | Telefoon: |  | | E-mailadres: |  | | IBAN rekeningnummer: |  | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  | | --- | |  | | | | | | **Omschrijving van de schade** | | | | | Geef hier een omschrijving van de schade: \* |  | | | | |  | | --- | |  | | | | | | |  | | --- | | Wat is er beschadigd? | |  | | |  | | --- | | Aankoopdatum | | |  |  |  | | --- | --- | --- | |  |  | Kies van kalenderdd-mm-jjjj | | | |  | | --- | | Aankoopbedrag | |  | | |  | | --- | | Schatting schade | |  | | | |  | | --- | |  | | | | | | Ik wil nog een schade melden. |  | | | | |  | | --- | |  | | | | | | |  | | --- | | Wat is er beschadigd? | |  | | |  | | --- | | Aankoopdatum | | |  |  |  | | --- | --- | --- | |  |  | Kies van kalenderdd-mm-jjjj | | | |  | | --- | | Aankoopbedrag | |  | | |  | | --- | | Schatting schade | |  | | | |  | | --- | |  | | | | | | Ik wil nog een schade aan mijn woning melden. |  | | | | |  | | --- | |  | | | | | | |  | | --- | | Wat is er beschadigd? | |  | | |  | | --- | | Aankoopdatum | | |  |  |  | | --- | --- | --- | |  |  | Kies van kalenderdd-mm-jjjj | | | |  | | --- | | Aankoopbedrag | |  | | |  | | --- | | Schatting schade | |  | | | |  | | --- | |  | | | | | | **Herstelbaarheid en reparatie** | | | | | Is de schade herstelbaar? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Ja |  |  |  | Nee | | | | | Is bekend wie de reparatie uitvoert? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Ja |  |  |  | Nee | | | | | Bedrijfsnaam: \* |  | | | | Adres: |  | | | | Postcode: |  | | | | Woonplaats: |  | | | | Telefoon: |  | | | | Aan wie moet de uitkering worden gedaan? | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | Verzekerde |  |  |  | Reparateur | | | | | IBAN rekeningnummer: |  | | | | |  | | --- | |  | | | | | | **Bij welke instantie is er aangifte gedaan?** | | | | | Is er aangifte bij de politie gedaan? \* |  | | | | Welk bureau: |  | | | | Procesverbaal nummer: |  | | | | Stuur een afschrift van de aangifte mee met uw schademelding. | | | | | Waarom heeft u geen aangifte gedaan? |  | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  | | --- | |  | | | | **Correspondentie en ondertekening** | | | Wilt u zo mogelijk alle facturen en overige correspondentie hier toevoegen. | | | |  | | --- | |  | | | | **Hoeveel documenten heeft u bij te voegen?** |  | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | Voeg hier uw bijlage toe. \* | Bovenkant formulier  Onderkant formulier | | | |  |  |  | | --- | --- | --- | | |  | | --- | |  | | | | |  | | --- | |  | | | | Wilt u documenten per e-mail toesturen? Dan kan dat naar [info@grovellrisk.nl](mailto:info@grovellrisk.nl)  Per post toesturen kan natuurlijk ook: *Grovell Risk & Insurance Management Floridastroom 3 1271 CZ Huizen* | | | |  | | --- | |  | | | | Aldus naar beste weten en overeenkomstig de waarheid ingevuld. De verstrekte gegevens kunnen worden verwerkt in het Centraal Informatiesysteem Schade. Het privacy-reglement van de Stichting CIS ([stichtingcis.nl](http://www.stichtingcis.nl/)) is op deze registratie van toepassing. \* |  | | |  | | --- | |  | | | | Plaats: \* |  | | Volledige naam: \* |  | | E-mailadres: \* |  | | |  | | --- | |  | | | | |
| |  | | --- | | \* = Invoer verplicht | |

Verstuur