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| GRIM_LOGO_briefpapier**Schadeformulier algemeen (zakelijk)**

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| **Gegevens betreffende verzekering**  |
| Soort verzekering: |  |
| Polisnummer(s): |  |
| Verzekeraar: |  |
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 |
| **Gegevens verzekeringnemer** |
| Bedrijfsnaam: \* |  |
| Straat en huisnummer: \* |  |

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| Postcode en plaats: \* |  |
| Plaats: \* |  |
| IBAN rekeningnummer: \* |  |
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 |
| **Contactpersoon** |
| Invuller formulier: \* |  |
| E-mailadres: \* |  |
| Telefoon: \* |  |

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 |
| **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? \* |

|  |  |  |  |  |  |  |
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|  |  | Ja  |  |  |  | Nee  |

 |
| Wat is het schadenummer? |  |
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 |
| **Datum van de schade** |
| Schadedatum: \* |

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|  |  | Kies van kalenderdd-mm-jjjj |

 |
| Hoe laat? |  |
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 |
| **Plaats van de schade** |
| Soort locatie: |  |
| Adres: |  |
| Plaats: |  |
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 |
| **Veroorzaker** |
| Is de schade door iemand die in dienst is van het bedrijf (eigenaar of werknemer) veroorzaakt? \* |

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|  |  | Ja  |  |  |  | Nee  |

 |
| Is de veroorzaker bij u bekend? |

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|  |  | Ja  |  |  |  | Nee  |

 |
| Is de schade veroorzaakt door een instantie of persoon? |

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|  |  | Instantie  |  |  |  | Persoon  |

 |
| Geslacht: \* |

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|  |  | Man  |  |  |  | Vrouw  |

 |
| Voornaam / voorletters: \* |  |
| Achternaam: \* |  |
| Bedrijfsnaam: \* |  |
| Contactpersoon: \* |  |
| Adres: |  |
| Postcode: |  |
| Woonplaats: |  |
| Telefoon: |  |
| E-mailadres: |  |
| IBAN rekeningnummer: |  |

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 |
| **Omschrijving van de schade** |
| Geef hier een omschrijving van de schade: \* |  |
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| Wat is er beschadigd? |
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| Aankoopdatum |
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|  |  | Kies van kalenderdd-mm-jjjj |

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| Aankoopbedrag |
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| Schatting schade |
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 |
| Ik wil nog een schade melden. |  |
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| Wat is er beschadigd? |
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| Aankoopdatum |
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|  |  | Kies van kalenderdd-mm-jjjj |

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| Aankoopbedrag |
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| Schatting schade |
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 |
| Ik wil nog een schade aan mijn woning melden. |  |
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| Wat is er beschadigd? |
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| Aankoopdatum |
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|  |  | Kies van kalenderdd-mm-jjjj |

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| Schatting schade |
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 |
| **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: |  |
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 |
| **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? |  |

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| **Correspondentie en ondertekening** |
| Wilt u zo mogelijk alle facturen en overige correspondentie hier toevoegen. |
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 |
| **Hoeveel documenten heeft u bij te voegen?** |  |
| Voeg hier uw bijlage toe. \* | Bovenkant formulierOnderkant formulier |
| Voeg hier uw bijlage toe. \* | Bovenkant formulierOnderkant formulier |
| Voeg hier uw bijlage toe. \* | Bovenkant formulierOnderkant formulier |
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| Wilt u documenten per e-mail toesturen? Dan kan dat naar info@grovellrisk.nlPer post toesturen kan natuurlijk ook:*Grovell Risk & Insurance ManagementFloridastroom 31271 CZ Huizen* |
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 |
| 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. \* |  |
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 |
| Plaats: \* |  |
| Volledige naam: \* |  |
| E-mailadres: \* |  |
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| \* = Invoer verplicht |

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Verstuur