

Claim Form



Third party liability

Policyholder

Address:

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Policy-number:

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Date of loss:

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Phone-number:

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Co-insured company:

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E-Mail:

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Broker responsible:

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Contact person:

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Claim description

Address or location where the damage occurred:

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Describe how the damage occurred (detailed information):

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In your opinion, who is responsible for the damage? Why?

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Claim Form



Third party liability

Claimant

Full name and address:

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Nature and extent of damage:

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Exact or approximate amount claimed:

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The undersigned authorises HDI Global SE to access to official data.

Please attach any useful information (i.e. correspondence, plans, applicable business conditions and/or terms of delivery etc.) to the filled out claim form.

Many thanks

Place and date:

Signature:

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