

Claim report form

Policy number

Policy holder

Phone number

E-mail

Claim date

Where did the damage occur (city & country)?

How did the damage arise? / What happened?

Which instruments are involved?

	Instrument (item)	Brand/model/year
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

We kindly ask you to send this form to webschade@dsv-insurance.nl.
We will contact you within three (working) days at the latest.