

Household and property insurance

Before we can process your claim, we need you to provide additional details. We kindly ask you to complete the claim form, sign it and return it to us. You can also report your claim via www.iak.nl/service-en-contact/direct-regelen/schade-melden. Right-click on 'Schade melden' in the menu.

1 General data policyholder

Customer number	Date of birth	
_____	____ - ____ - ____	
Surname	Initial(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	
Street name	House number + Addition(s)	
_____	_____	
Postal code	Town	Country
_____	_____	_____
Telephone (landline)	Telephone (mobile)	
_____	_____	
Email address	Bank account (IBAN)	
_____	_____	
<input type="checkbox"/> I give Aon permission to use my email address to send me news and offers.		

2 General claim data

Claim file number	Date of incident	Time
_____	____ - ____ - ____	_____
City/town and address where the damage was incurred		

Do you own this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property occupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3 Data incident

How did the damage occur?

When was the damage detected? Date Time
 _____ - - - _____

What is the estimated amount of the damage? _____

Can the damage be repaired? Yes No

Who will carry out the repairs?

Company name Name

Street name House number + Addition(s)

Postal code Town

Have the repairs already been completed? * Yes No

Did you perform any of the work yourself? ** Yes No

If so, how many hours did you spend on this? Working hours: _____

* If so, please include the original invoices (provided the determination of the insurance obligation).

** If so, please included original material invoices.

4 Statement of damaged and/or lost items

*** Include original proof.

Description***

Purchase price Purchase date New-for-old value Estimated damage
 _____ - - - _____

Description***

Purchase price Purchase date New-for-old value Estimated damage
 _____ - - - _____

Description***

Purchase price Purchase date New-for-old value Estimated damage
 _____ - - - _____

Description***

Purchase price Purchase date New-for-old value Estimated damage
 _____ - - - _____

This question will continue on page 3.

Do you have coverage for this damage elsewhere?

Yes No

If so, what is the name of the insurance company? Policy number

Do you feel that the damage can be recovered from someone else?

Yes No

If so, can you state the name and address?

Name

Street name

House number + Addition(s)

Postal code

Town

Why do you think this person could be held liable for this damage?

What is the name of the insurance company of the other party?

Policy number

Registration number (if applicable)

Have you claimed on this policy before?

Yes No

If so, state the year?

Amount of claim

Type of damage?

5 Additional questions for damages in case of theft

Are there any signs of a break-in?

Yes No

Was this reported to the police?****

Yes No

Date report

Name police station

_____-_____-_____

Street name

House number + Addition(s)

Postal code

Town

**** Please include a report statement.

6 Additional data

If you have any additional details or particularities that you wish to report, please provide them below.

7 Signature

The undersigned declares

- to have answered the questions and provided the details below to the best of his/her knowledge, correctly and according to the truth, and to not have left out any particularities that are relevant to this claim;
- that this claim form and any additional data will be provided to the insurance company, in order to determine the scope of the claim and the right to payment;
- to have reviewed the content of this form;
- to be familiar with the statement that in case of misrepresentation of facts the right to payment will be cancelled partially or in full.

Aon uses the 'Gedragcode Verwerking Persoonsgegevens Financiële Instellingen'(Code of Conduct for the processing of personal data by financial institutes). Aon initially uses your data for the acceptance procedure. After the insurance contract has been determined, processing will take place to ensure an efficient and effective business operation. Aon has access to your data at the Stichting CIS in Zeist. The aim is to minimise risks and to prevent fraud. The privacy regulations of the Stichting CIS apply, refer to stichtingcis.nl.

Surname	Initial(s)	Town/city
_____	_____	_____
Signature policyholder:		Date: _ - - _____

Where to send this form?

Please send the completed form by email to: schade.iak@one-uw.nl.

Or send it by regular mail to:

Aon Nederland C.V., t.a.v. Schadeservice PSP, Postbus 90165, 5600 RV Eindhoven.