

CLAIM FORM

Loss report

Contract n°:

Insurance taker:

Title of the Event, Film Production:

Date of the accident:

Circumstances of the accident:

Declares:

That the accident caused the following damages:

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.....
.....

What is your first evaluation of the costs of these damages?

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.....

Are the damaged belongings owned by you or a third party ?

In case they are owned by a third party, could you please provide his full name, address and phone number:

.....
.....

In case the damages are caused by a third party, could you please provide his full name, address and phone number :

.....
.....

Could you please provide the address where the belongings can be checked:

.....
.....

**In any case, we'd like you to take pictures of the damaged items and request or collect a detailed estimate for the repair/
replacement of the damaged items.**

If you have any question, do not hesitate to call your broker in order to receive the appropriate advice.

Done in:

Last Name:

First Name:

On the: