



FINE ART INSURANCE ACCIDENT DECLARATION

Certificate number of your insurance with VANDER HAEGHEN:

1. Insurance Policy Holder

Mr Mrs Miss Company Name _____
Surname _____ First Name _____
Street _____ House No. _____ Floor No. _____
Post Code _____ Town _____ Country _____
Telephone No. _____ Email _____
IBAN Number: _____
Deduction of VAT? Yes No
If yes, what percentage? _____

2. CIRCUMSTANCES OF THE ACCIDENT

Date of Accident _____ Time of Accident _____

Place of loss (specify the exact location: address, floor) _____

Street _____ House No. _____ Floor No. _____
Post Code _____ Town _____ Country _____

Circumstances _____

The Police PV number: _____

Damage to the works of art: thank you for precisely detailing the damage and providing us with a quantified estimate and if possible photos of the damage: _____

Description and value of damaged art work (if possible, attach details of the inventory)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



3. THIRD PARTY IMPLICATIONS: YES NO

Name of the third party: _____

Address of the third party: _____

Relationship between you and the third party: _____

For what reason do you think that its liability may be incurred? _____

Do you have any other useful information? _____

4. DOCUMENTS

Please attach the following documents to this declaration

- Photos of the damage
- Police report/ certificate of complaint
- Testimony, expert appraisal and/or purchase invoice

The form is to be returned no later than 8 days after the incident (within 24 hours in the case of theft or fire)

To VANDER HAEGHEN & C° s.a.,:

- By post: Avenue des Nerviens 85, bte 2, 1040 Bruxelles
- By fax: 02 / 526.00.11
- By email : claims@vdh.be

VANDER HAEGHEN & C° reserves the right to subsequently request any document or information it deems useful.

5. WARNING

Any fraud or attempted fraud against the insurance will not only result in the termination of the insurance contract but will also be subject to criminal proceedings on the basis of Article 496 of the Criminal Code.

The insurance company VANDER HAEGHEN & C° (on behalf of HELVETIA SCHWEIZERISCHE VERSICHERUNG. AG.100%), may, if necessary, communicate with the GIE Datassur for relevant personal data within the exclusive scope of the risk assessment and the management of contracts and related claims. Any person proving his/her identity has the right to obtain communication and, where appropriate, rectify the data concerning him/her with the Datassur. To exercise this right, the person concerned should send a dated and signed application accompanied by a copy of his identity card to the following address:
Datassur, 29 Square de Meeûs à 1000 Bruxelles.

The signee certifies that the above answers are complete and true.

He agrees that the company will process the above-mentioned data, subject to compliance with the protection of privacy, for the provision and management of insurance services in general, including the compilation of statistics.

The person concerned has a right of control over his data and can, if necessary have them corrected.

DO NOT FORGET TO SIGN AND DATE THIS DECLARATION

Date _____ Signature _____