



145, Rue de Cessange L-1321 Luxembourg Tel: (352) 48 44 22 Fax: (352) 40 29 79 Email : info@daleiden.lu

## CLAIM FORM

File N°: \_\_\_\_\_

Name : \_\_\_\_\_

Present address : \_\_\_\_\_

Phone number and/or e-mail address : \_\_\_\_\_

IBAN Bank Account number : \_\_\_\_\_

Name & address Bank : \_\_\_\_\_

### **Claims**

N° Packing List	Description of the Item	Date of Purchase	Type of damage	Replacement Value / Repair Amount €

*Please keep the damaged objects in case the use of an expert is needed*

I the undersigned certify that the claim presented is correct and truthful and that no material fact has been omitted. I acknowledge that non-correct information and the fact of not sending the necessary documents can result in late settlement of the non payment of the file.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please send this document back by fax or mail to the address mentioned above*