



Inter-Assure Claim Form customer

Date & time of damage :

Location of accident :

Car at time of accident : Brand.....Type

Number plateYear of manufacture.....

Your details

Car owner's name :

Driver's name :

Tel. numbers :

Name of Garage :

Telephone number :



Sigur sigur!
Inter Assure
insurances

To be completed by Inter-Assure Insurances

Claim number :
Inspection time : 465-2020
E-mail address : schade@inter-assure.com

Garage :
Inspection date :
Inspection time : 9.00 uur – 12.00 uur
 14.00 uur – 17.00 uur

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