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*Inter-Assure Claim Form other party*

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Date & time of damage : .....  
Location of accident : .....  
Car at time of accident : Brand..... Type .....  
Number plate ..... Year of manufacture .....

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**Your details**

Car owner's name : .....  
Driver's name : .....  
Tel. numbers : .....

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Name of Garage : .....  
Telephone number : .....

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Sigur sigur!  
**Inter Assure**  
insurances

*To be completed by Inter-Assure Insurances*

Claim number : .....  
Telephone number : 465-2020  
E-mail address : [schade@inter-assure.com](mailto: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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Curaçao  
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WhatsApp 524 1639  
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