

# Damage Claim Form

## Solar Panel All Risks Insurance

Please complete this form as fully as possible and return it to:

[claims@solarif.com](mailto:claims@solarif.com)

If you have any questions, please contact our claims department.

Telephone: +31 (0)26 711 5050

### Details of policy holder

Policy holder:

Contact person:

Address:

Zip code:

City:

Country:

Telephone number:

E-mail:

Policy number:

IBAN:

BIC:

Name insurance  
broker:

### Details of claimant \*

*\* If policyholder is also the claimant than leave below empty.*

Name claimant:

Contact person:

Address:

Zip code:

City:

Country:

Telephone number:

Email:

### Contact details installer

Company name:

Contact person:

Address:

Zip code:

City:

Country:

Telephone number:

Email:

### Claim details

Risk Address:

Zip code:

City:

Country:

Date of damage: \_\_\_\_\_ (dd-mm-yyyy)

Date of registration: \_\_\_\_\_ (dd-mm-yyyy) \*

Date of installation: \_\_\_\_\_ (dd-mm-yyyy)

Estimate of the costs of  
repairs/ replacements : € \_\_\_\_\_

Cause of damage:

\* Registration date: when we were notified by you or a representative about the damage.

**Type of damage**

- Lightning
- Induction
- Theft
- Fire
- Vandalism
- Construction damage
- Storm
- Otherwise: \_\_\_\_\_

Full description of the damage: \_\_\_\_\_

**Evidence**

All evidence has to be in our possession before we take charge of the damage claim.

**Attention: All damaged parts need to be kept in your possession for expert opinion.**

- Digital pictures.
- Surveyor's report
- Measurement report production loss \*
- Quotation and/or reparation invoice of repair
- Police report ( in case of claim of theft) \*
- Roof capacity measurement \*
- Singed quotation./confirmation of order installation Solar PV
- Copy of maintenance contract. \*

\* If applicable

Is the damage repaired?

- No                       Yes

If yes, when has the damage been repaired?: \_\_\_\_\_ (dd-mm-yyyy)

Is the damage covered elsewhere/ by another insurance?

- No                       Yes

If yes, which insurer? : \_\_\_\_\_

What kind of insurance? :

Policy number:

Have you applied any emergency measures?

- No                       Yes

If yes, which ones? : \_\_\_\_\_

## Loss of production

Has the damage caused any loss of production? :

No  Yes

First day of production loss : \_\_\_\_\_(dd-mm-yyyy)

Date Solarif was notified about the damage: \_\_\_\_\_ (dd-mm-yyyy)

When was the installation fully operational again: \_\_\_\_\_ (dd-mm-yyyy)

What is the loss of production\*: \_\_\_\_\_ kWh

Sale price per kWh \*: \_\_\_\_\_

Subsidies, green certificates, tax reductions and other income lost \* : \_\_\_\_\_

Total claimed amount: \_\_\_\_\_

\*If and when available, please attach the documents that support the specified amounts

## Final Declaration

### The undersigned:

- Declares to have taken note of the contents of this form;
- Declares that the above questions and statements have been answered and provided to the best of their knowledge, correctly, and truthfully, and that no relevant details regarding this claim have been withheld;
- Grants permission to Solarif Insurance B.V. or its authorized representatives to obtain files and/or information (including statements taken) that are relevant to the processing of the claim or the insurer's right of recourse from individuals and/or entities;
- Grants permission to Solarif Insurance B.V. to use or disclose the insured's personal data (recorded in this form or obtained in another manner) to persons/organizations affiliated with Solarif Insurance B.V., our client, or a third party (within or outside the Netherlands, including reinsurers, claims adjusters, industry organizations, and other organizations providing relevant services to the insurance industry) for the purpose of processing this claim;
- Understands that completing and submitting this claim form under no circumstances constitutes an admission of liability by Solarif Insurance B.V.;
- Understands and agrees that a photocopy of this authorization shall be considered as valid as the original.

\_\_\_\_\_  
Place and Date

\_\_\_\_\_  
Signature