**Solarif Insurance**

**-**

**Damage Claim Form**

**Damage Claim Form**

Solar PV Insurance

Pleas fill in this form completely and return to:

Solarif Insurance B.V.

For the attention of: Claims Department

PO box 4192

6803 ED Arnhem

Or send a digital copy to:

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

If you have any questions please contact Claims department.

Telephone no: +31 (0)26-711 50 55

e-mail: claims@solarif.com

**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

Be advised that a waiting period may apply when we calculate the production loss. Please check your policy document for the amount of waiting days applicable.