



Customer Damage Report

Please complete and submit to: Customer Service at NV. ELMAR

Your details

Account number _____

First name _____

Surname _____

Postal address _____

Daytime telephone _____

Mobile _____

Bank Account _____

Business Details, complete this section for business claims only

Business name _____

Address _____

Business phone _____

Incident *(this section must be completed)*

Incident address _____

Date of incident _____

Time of Incident _____

Description of how the incident occurred and any other relevant details:

Details of damage items	Model number	Age of item	Approximate cost

By signing this form you understand that N.V ELMAR reviews each claim on a case-by-case basis, our review is not an admission of liability or an indication that N.V ELMAR is responsible for your damages and you are certifying that the information on this form is true and correct.

Signature _____

Date _____