AEGON

PROPERTY INSURANCE – DETAILS OF MOVABLES

Policy number: ☐☐☐☐☐☐☐☐ Claim number: ☐☐☐☐☐☐☐☐ Product: ☐☐☐☐☐

Name of claimant: ☐

To be completed by claimant					To be completed by representative of AEGON Magyarország Zrt.				
Item	Property	Year of purchase	Pcs	Purchase price (HUF/pc)	Replacement price (HUF/pc)	Total (HUF)	Ageing %	VAT Residue	Compen-sation (HUF)
AMOUNT BROUGHT OVER:									
Total:									

Place of barcode

Signature of claimant

Dated: _____ , 200 ☐ year _____

Amount of damages:

Signature of claim assessor

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Signature of claimant

Dated: _____ , 200 ☐ year _____

Page: _____