TVOS TECHNISCHER VOR-ORT-SERVICE

Technischer Vor-Ort-Service OHG, Max-von-Laue-Str. 22, 30966 Hemmingen
Phone.: 0511-1629000-0, Fax: 0511-94098-00, E-Mail: info@t-vos.de

Order Form
via FAX: 0511- 9409800 or E-Mail: auftrag@t-vos.de

Customer: _____
(Required entry)
Claim-ID: _____
(Required entry)
Clerk: _____
(Required entry)
Phone: _____ **Fax:** _____
(Required entry)
E-Mail Clerk: _____
(Required entry)
Policyholder: _____
(Name,Adress,Phone)
_____

Claimant: _____
(Name,Adress,Phone)
_____

Ladies and Gentlemen,

we hereby instruct you to check the devices listed below to our policyholders / the claimant:

Inspected Goods: _____
(type designation,
serial number,etc.) _____
_____

Cause of loss: _____

Internal note: _____

Checks to be performed:

O Amount of damage (on site)
O Laboratory testing
O Plausibility
O Replacement value determination
O Manipulation check
O Time value before test
O Replacement cost
O thunderstorms examination

_____
Date, Signature, Stamp