



## OUR PROXIMITY OFFICE

**Cfdp Assurances**  
**8, Rue de Russie**  
**06000 NICE**  
Tel : 04.92.07.10.12 Fax : 04.92.07.14.24  
Email : cdelaumenie@cdfp.fr

## OUR ACTION

- ⇒ **Help you to find a solution to your claim.**
- ⇒ **Analyze all the elements of your claim and find which action must be done.**
- ⇒ **Convince the other party and help you to find a negotiated solution if it's possible.**
- ⇒ **Inform you quickly and often of what we will do in order to make you feel secure.**

### EXEMPLES OF PROOFS USEFUL TO ENCLOSE IN YOUR NOTIFICATION OF CLAIM

- ↳ **For rental claim:**
  - Copy of your rental contract
  - Copy of your inventory and report of the state repair
  - Copy of rent and rental cost statement
  - Copy of estimate(s) and invoice(s)
- ↳ **For consumption claim (i.e. against your web provider, or a shop):**
  - Estimate, invoice and/or delivery slip
  - Order and/or contract
  - Warranty contract
- ↳ **For employment Tribunal Claim:**
  - Copy of employment contract
  - Wage slip (if the claim concerns the wage),
  - Copy of the warning letter, of appointment's summon, or of the lay-off letter, etc...
- ↳ **For criminal claim:**
  - Copy of the Police Complaint or Police report
  - Copy of the "avis à victime" (letter you received from Criminal Court and which summons you to an hearing)
  - Copy of summoning to Criminal Court
- ↳ **For neighbourhood claim:**
  - Copy of your Property Deeds
  - Copy of your Co-ownership rules
- ↳ **For car claim:**
  - Copy of your Carte grise
  - Sale contract, order for a new car, or invoices
  - Estimate of repairing.
  - Caution: if your claim concerns a car break down, please never agree repairing without our advice, and ask your Garage if it intends to invoice you some safekeeping fees.

And whatever is your claim, we always need **a copy of all the letters that you received and you sent to the other party**. You can also enclose all documents that you consider useful to understand your claim.



## Notification of claim

### INSURED'S NAME AND ADDRESS

Insured's surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax number: \_\_\_\_\_

Profession: \_\_\_\_\_

**After filling out this notification, you can send it to Cfdp or to Cabinet LATY-WALLISER:**

**Cfdp Assurances**  
**8 Rue de Russie**  
**06000 NICE**  
**Tel : 04 92 07 10 12**

**Cabinet LATY-WALLISER**  
**2567 Chemin de St Claude**  
**06600 ANTIBES**  
**Tel : 04 93 65 85 85**

For any else information, please contact us

## Your claim

### ORIGIN OF YOUR CLAIM

Date of occurrence of your litigation, or when you discover it: \_\_\_\_\_

Essential facts/Context of your claim: \_\_\_\_\_

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### YOUR DAMAGES

Sum of your damage: \_\_\_\_\_

Kind of damage: \_\_\_\_\_

What you expect : \_\_\_\_\_

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### PROOFS

**Claim success depends of having good quality proofs.** Please enclosed all documents that are useful for a good understanding and for finding a solution to this claim  
Keep all original documents and send us a copy.

**For every kind of claim**

- Testimony, attestation
- Constat d'huissier
- Letters or emails sent and received form the other party
- Expert's report

**If lawsuits are done:**

- Summons,
- Convocation
- Avis à victime
- Your lawyer's name and address

Other document (Cf. Examples see over) :

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## THE OTHER PARTIES

### RESPONSIBLE THIRD PART

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

For company, Name of the company: \_\_\_\_\_

Address : \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Quality / profession / Role or involvement in this claim: \_\_\_\_\_

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Did you ever send him a claim letter or complaint against him? :  Yes  No

What was your action? : \_\_\_\_\_

### OTHER DEFENDANTS

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Quality / profession / Role or involvement in this claim: \_\_\_\_\_

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Other comments: \_\_\_\_\_

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**Date of fill in this notification:** \_\_\_\_\_

**Fill in by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_