

## Claim form Travel Insurance

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### IMPORTANT:

- Please answer all applicable questions as fully as possible. This will prevent delays in the handling of your claim
- Always send along statements, original bills and other evidence immediately
- Make sure you sign the form after you have filled in the insurance claim. **Unsigned forms will not be dealt with.**
- Make sure you always send along the original insurance policy or confirmation of your booking in case of an AFLOPENDE REISVERZEKERING. We will not be able to handle your claim without this original proof.

### 1 General data

- Aflopende Reisverzekering  
 Doorlopende Reisverzekering  
 Business Travel Insurance Individueel  
 Business Travel Insurance Collectief

Policy number/Number confirmation of your booking: \_\_\_\_\_

Name insurance adviser/ travel agency:  
 \_\_\_\_\_

Effective date of the trip \_\_\_\_\_

Date of arrival at destination \_\_\_\_\_

Destination \_\_\_\_\_

Intended length of travel/stay: from \_\_\_\_\_

Purpose of the intended trip  holiday  business  both

till \_\_\_\_\_

### 2 Insured who suffered a loss

Name and initials \_\_\_\_\_  male  female  
 Street and number \_\_\_\_\_  
 Postal code and city \_\_\_\_\_  
 Date of birth \_\_\_\_\_ nationality \_\_\_\_\_  
 Telephone number private \_\_\_\_\_ business \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Bank account \_\_\_\_\_ in the name of \_\_\_\_\_  
 Do you have objections to correspondence by e-mail?  no  yes  
 E-mail address \_\_\_\_\_  
 Has this damage been reported to SOS International?  no  yes, in writing/by telephone date \_\_\_\_\_ document nr. \_\_\_\_\_  
 Have you claimed damages from Europeesche Verzekeringen before?  no  yes, in \_\_\_\_\_

### 3 Date and definition of the damage/accident

Date of damage \_\_\_\_\_ City/country \_\_\_\_\_

Definition \_\_\_\_\_

\_\_\_\_\_ (if necessary you can add a separate page)

### 4 Kind of claim

- Luggage > Complete questions 5 and 9  
 Medical expenses resulting from illness or accident > Complete questions 6 and 9  
 Additional expenses of travel and accommodation > Complete questions 7 and 9  
 Additional expenses resulting from the breakdown of the vehicle > Complete questions 8 and 9

### 5 Luggage

#### 5.1 Damage

- a. What is the nature of the damage? \_\_\_\_\_  
 b. Has the damage been assessed by an expert?  no  yes, by \_\_\_\_\_  
 c. If so, what was his opinion? \_\_\_\_\_  
 d. Where is the damaged luggage now? \_\_\_\_\_  
 e. In case of damage during transport by plane/bus/train: Have you reported the damage to the relevant transport company?  yes, at \_\_\_\_\_  
 no, because \_\_\_\_\_

Please enclose the original damage report and original tickets.

#### 5.2 Theft / Loss

- a. Where and when did you last see the luggage? date and time \_\_\_\_\_  
 city \_\_\_\_\_  
 b. When did you detect the theft/loss? \_\_\_\_\_  
 c. Where were you at the time of the theft? \_\_\_\_\_  
 d. What precautions did you take to prevent theft? \_\_\_\_\_  
 e. Have you reported the theft to the police  yes, at \_\_\_\_\_  
 or any other?  no, because \_\_\_\_\_

Please enclose any original proof

f. Have you taken out any (partial) luggage insurance elsewhere?  no  yes, at \_\_\_\_\_ policy number \_\_\_\_\_

**5.3 Theft from a vehicle**

a. Brand, model and registration of the vehicle \_\_\_\_\_  
 b. Where exactly did you store the luggage? \_\_\_\_\_  
 c. Could the luggage be seen from the outside? \_\_\_\_\_

**6 Illness and Accident**

6.1 Nature of the illness/disorder/injury \_\_\_\_\_  
 6.2 Did you already suffer from this illness/disorder/injury before you started your journey?  no  
 yes, name and address of your doctor: \_\_\_\_\_  
 6.3 When and where (city and country) did you call in medical care for the first time? \_\_\_\_\_  
 6.4 Name and address of your family doctor \_\_\_\_\_  
 6.5 What is the name of your Health Insurance Company? \_\_\_\_\_ registration/policy nr. \_\_\_\_\_  
 city \_\_\_\_\_ additional insured?  no  yes  
 6.6 Does the insurance include any deductible?  no  yes, the deductible is \_\_\_\_\_

**7 Additional expenses of travel and accommodation**

7.1 Cause of additional travel/accommodation expenses \_\_\_\_\_  
 7.2 In case of illness or accident: Did you set out on your return trip at the advice of a doctor?  no  
 yes, name and address of the doctor: \_\_\_\_\_  
**Please enclose the doctor's statement**  
 7.3 When and how did you travel back and what additional expenses did you pay for this? \_\_\_\_\_  
 7.4 What is the amount of additional accommodation expenses? \_\_\_\_\_

**8 Additional expenses resulting from the breakdown of the vehicle**

8.1 Brand, registration, model, year of construction of the vehicle \_\_\_\_\_  
 8.2 What is the cause of the damage? \_\_\_\_\_  
 8.3 What is the nature of the damage? \_\_\_\_\_  
 Where and when was it caused? \_\_\_\_\_  
 8.4 When and to what company did you take your vehicle to be repaired? \_\_\_\_\_  
 8.5 Was reparation possible within 2 days?  yes  no, because \_\_\_\_\_  
 8.6 What is the name of your car (bodywork) insurance company? \_\_\_\_\_ company \_\_\_\_\_ policy number \_\_\_\_\_  
 liability insurance  limited bodywork insurance  bodywork insurance  
 8.7 Name and address of the opponent and do you hold this party responsible? \_\_\_\_\_  
 8.8 Has an official report been made?  no  yes, by \_\_\_\_\_

**9 List of the damaged, stolen or lost objects**

PLEASE ENCLOSE ORIGINAL BILLS AND PROOF

	Luggage Claim				Illness or accident	
Definition	Price of purchase	Date of purchase	Bought at	Costs of repair	Expenses	Have you already paid these expenses yourself?

The personal data, supplied upon the application for or for the alteration of this insurance policy are processed by Europeesche on behalf of the concluding and implementation of insurance agreements and/or financial services and the management of the relations ensuing therefrom, including the prevention and suppression of fraud. The code of conduct "Verwerking Persoonsgegevens Verzekeringsbedrijf" (Processing of Personal Data by the Insurance Business) is applicable. You can read the complete text of this code of conduct on the website of the Insurers Union (Verbond van Verzekeraars), www.verzekeraars.nl. Given data may be incorporated in the CIS (Central Information System of insurance companies, active in the Netherlands). The privacy regulations of "Stichting CIS" apply to that registration.

The undersigned declares:

- that to the best of his/her knowledge, he/she has answered the above questions and given the above statements correctly and in accordance with the truth and that he/she has not withheld any information relevant to the damage(s);
- that he/she is submitting this insurance claim and any further information to be provided later to the Europeesche insurance company to determine the extent of the damage(s) and the right to compensation;
- that in case of medical treatment, hospitalisation and or repatriation, he/she will – insofar necessary - offer the medical adviser(s) of SOS International permission to give the relevant medical information regarding the reason and background to the medical adviser of the Europeesche insurance company;
- that he/she has read the contents of this form;
- that he/she is aware of the stipulation that any incorrect statements will render the right to compensation null and void.

\_\_\_\_\_  
 (city) (date) (signature of the insured)